

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

CIGNA Corporation Political Action Committee

ADDRESS (number and street)

Two Liberty Place

1601 Chestnut St

☐Check if different  
than previously  
reported. (ACC)

Philadelphia

PA

19192

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00085316

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
Post -Election  
Report for the:☒

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

10

19

2006

through

11

27

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mari Newman, Asst. Treasurer

Signature of Treasurer

Electronically Filed by Mari Newman, Asst. Treasurer

Date

11

30

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
CIGNA Corporation Political Action Committee

Report Covering the Period: From: 

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	<div>Y Y Y Y 2006</div>	<div>19403.41</div>
(b) Cash on Hand at Beginning of Reporting Period .....	<div>5821.52</div>	
(c) Total Receipts (from Line 19) .....	<div>13694.65</div>	<div>173099.76</div>
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<div>19516.17</div>	<div>192503.17</div>
7. Total Disbursements (from Line 31) .....	<div>9608.00</div>	<div>182595.00</div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<div>9908.17</div>	<div>9908.17</div>
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	<div>0.00</div>	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	<div>0.00</div>	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

CIGNA Corporation Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	1	9	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
1	1	2	7	2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	7441.93	61826.29
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	5319.84	110340.59
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➤	12761.77	172166.88
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➤	12761.77	172166.88
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	750.00	750.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	182.88	182.88
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	13694.65	173099.76
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	13694.65	173099.76

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	75.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	75.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	137240.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	80.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	80.00
29. Other Disbursements.....	9608.00	45200.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	9608.00	182595.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	9608.00	182595.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	12761.77	172166.88
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	80.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	12761.77	172086.88
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	75.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	75.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Rebecca A Allison			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6	
Mailing Address 10636 N 11th Street			<b>Transaction ID:</b> 20061120-8260-15-28	
City State Zip Code Phoenix AZ 85020-1180			Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C				
Name of Employer CIGNA HEALTHCARE OF AZ, INC		Occupation CARDIOLOGIST (INVASIVE)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.00		
<b>B.</b> Full Name (Last, First, Middle Initial) Rebecca A Allison			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6	
Mailing Address 10636 N 11th Street			<b>Transaction ID:</b> 20061120-8310-15-29	
City State Zip Code Phoenix AZ 85020-1180			Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C				
Name of Employer CIGNA HEALTHCARE OF AZ, INC		Occupation CARDIOLOGIST (INVASIVE)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.00		
<b>C.</b> Full Name (Last, First, Middle Initial) Marc H Andonian			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6	
Mailing Address 632 Foxfields Road			<b>Transaction ID:</b> 20061120-10440-15-28	
City State Zip Code Bryn Mawr PA 19010-2057			Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C				
Name of Employer CT GENERAL LIFE INSURANCE CO		Occupation ARCHITECTURE DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.00		

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
 Marc H Andonian  
 Mailing Address 632 Foxfields Road

City State Zip Code  
 Bryn Mawr PA 19010-2057

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CT GENERAL LIFE INSURANCE  
 CO

Occupation  
 ARCHITECTURE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-10504-15-29

Amount of Each Receipt this Period

10.00

**B.** Full Name (Last, First, Middle Initial)  
 Jacquelyn A Aube  
 Mailing Address 166 Wildflower Circle

City State Zip Code  
 Westfield MA 01085-5403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CT GENERAL LIFE INSURANCE  
 CO

Occupation  
 GENERAL MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 6 / 2 0 0 6

Transaction ID: 20061120-2498-15-28

Amount of Each Receipt this Period

10.00

**C.** Full Name (Last, First, Middle Initial)  
 Jacquelyn A Aube  
 Mailing Address 166 Wildflower Circle

City State Zip Code  
 Westfield MA 01085-5403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CT GENERAL LIFE INSURANCE  
 CO

Occupation  
 GENERAL MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-2509-15-29

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) James Austin		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-8416-15-28 Amount of Each Receipt this Period 22.45
Mailing Address 394 W Remington Drive City Chandler State AZ Zip Code 85248-2642 FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer CIGNA HEALTHCARE OF AZ, INC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 20061120-8416-15-28 Amount of Each Receipt this Period 22.45
Occupation GENERAL SURGEON Aggregate Year-to-Date ▼ 508.94		

<b>B.</b> Full Name (Last, First, Middle Initial) James Austin		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-8467-15-29 Amount of Each Receipt this Period 22.45
Mailing Address 394 W Remington Drive City Chandler State AZ Zip Code 85248-2642 FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer CIGNA HEALTHCARE OF AZ, INC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 20061120-8467-15-29 Amount of Each Receipt this Period 22.45
Occupation GENERAL SURGEON Aggregate Year-to-Date ▼ 508.94		

<b>C.</b> Full Name (Last, First, Middle Initial) Catherine Baldini		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-11841-15-28 Amount of Each Receipt this Period 10.00
Mailing Address 6418 Central Avenue City Sea Isle City State NJ Zip Code 08243-1469 FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer CT GENERAL LIFE INSURANCE CO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 20061120-11841-15-28 Amount of Each Receipt this Period 10.00
Occupation BUSINESS PROJECT DIRECTOR Aggregate Year-to-Date ▼ 230.00		

**SUBTOTAL** of Receipts This Page (optional) .....

54.90

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Catherine Baldini Mailing Address 6418 Central Avenue City State Zip Code Sea Isle City NJ 08243-1469 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation BUSINESS PROJECT DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-11925-15-29 Amount of Each Receipt this Period 10.00
<b>B.</b> Full Name (Last, First, Middle Initial) Thomas C Banet Mailing Address 10558 Fox Forest Drive City State Zip Code Great Falls VA 22066-1743 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation SENIOR SALES REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-6232-15-28 Amount of Each Receipt this Period 10.00
<b>C.</b> Full Name (Last, First, Middle Initial) Thomas C Banet Mailing Address 10558 Fox Forest Drive City State Zip Code Great Falls VA 22066-1743 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation SENIOR SALES REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-6273-15-29 Amount of Each Receipt this Period 10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Rosemary B Bartley Mailing Address 2958 Bartelmy Lane City Saint Paul State MN Zip Code 55109-1518 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CIGNA BEHAVIORAL HEALTH, INC. Occupation ADMIN SVCS SR SPECIALIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 345.00			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-9222-15-28 Amount of Each Receipt this Period 15.00
<b>B.</b> Full Name (Last, First, Middle Initial) Rosemary B Bartley Mailing Address 2958 Bartelmy Lane City Saint Paul State MN Zip Code 55109-1518 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CIGNA BEHAVIORAL HEALTH, INC. Occupation ADMIN SVCS SR SPECIALIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 345.00			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-9276-15-29 Amount of Each Receipt this Period 15.00
<b>C.</b> Full Name (Last, First, Middle Initial) Michael Bell Mailing Address 2126 Inverness Lane City Berwyn State PA Zip Code 19312-1992 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CIGNA CORPORATION Occupation EVP CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 460.00			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-6700-15-28 Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional) .....

50.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 155

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Michael Bell Mailing Address 2126 Inverness Lane City State Zip Code Berwyn PA 19312-1992 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation CIGNA CORPORATION EVP CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div style="text-align: right;">460.00</div>			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> <b>Transaction ID:</b> 20061120-6742-15-29 Amount of Each Receipt this Period <div style="text-align: right;">20.00</div>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	2		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	1		0	2		2	0	0	6														
<b>B.</b> Full Name (Last, First, Middle Initial) John M Belsen Mailing Address 10 Brookview Circle City State Zip Code Windsor Locks CT 06096-1872 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation CIGNA CORPORATION TREASURY MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div style="text-align: right;">230.00</div>			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> <b>Transaction ID:</b> 20061120-2325-15-28 Amount of Each Receipt this Period <div style="text-align: right;">10.00</div>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	6		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	1		1	6		2	0	0	6														
<b>C.</b> Full Name (Last, First, Middle Initial) John M Belsen Mailing Address 10 Brookview Circle City State Zip Code Windsor Locks CT 06096-1872 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation CIGNA CORPORATION TREASURY MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div style="text-align: right;">230.00</div>			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> <b>Transaction ID:</b> 20061120-2335-15-29 Amount of Each Receipt this Period <div style="text-align: right;">10.00</div>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	2		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	1		0	2		2	0	0	6														

**SUBTOTAL** of Receipts This Page (optional) .....

40.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Roma Bernson Mailing Address 2903 Twin Knolls Drive City Kingwood State TX Zip Code 77339-1206 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation OPERATIONS MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 330.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-11718-15-29 Amount of Each Receipt this Period 15.00
<b>B.</b> Full Name (Last, First, Middle Initial) Gail M Billet Mailing Address 3 Willow Lane City Farmington State CT Zip Code 06032-2336 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation ACCOUNT MANAGER-NATIONAL ACCTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-2818-15-28 Amount of Each Receipt this Period 10.00
<b>C.</b> Full Name (Last, First, Middle Initial) Gail M Billet Mailing Address 3 Willow Lane City Farmington State CT Zip Code 06032-2336 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation ACCOUNT MANAGER-NATIONAL ACCTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-2832-15-29 Amount of Each Receipt this Period 10.00

**SUBTOTAL** of Receipts This Page (optional) .....

35.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Paul B Borgesen  
Mailing Address 7022 W Kimberly Way

City State Zip Code  
Glendale AZ 85308-5758

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CIGNA HEALTHCARE OF AZ,  
INC

Occupation  
OTOLARYNGOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

506.92

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 0 6

Transaction ID: 20061120-9428-15-28

Amount of Each Receipt this Period

22.04

**B.** Full Name (Last, First, Middle Initial)  
Paul B Borgesen  
Mailing Address 7022 W Kimberly Way

City State Zip Code  
Glendale AZ 85308-5758

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CIGNA HEALTHCARE OF AZ,  
INC

Occupation  
OTOLARYNGOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

506.92

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-9482-15-29

Amount of Each Receipt this Period

22.04

**C.** Full Name (Last, First, Middle Initial)  
Susan J Bousquet  
Mailing Address 3390 Johnston Road

City State Zip Code  
Winston GA 30187-1076

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
SENIOR COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 0 6

Transaction ID: 20061120-2885-15-28

Amount of Each Receipt this Period

9.00

**SUBTOTAL** of Receipts This Page (optional) .....

53.08

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.** Full Name (Last, First, Middle Initial)

Kenneth T Bowden

Mailing Address 65 Satari Drive

City State Zip Code  
 Coventry CT 06238-1000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation  
SENIOR COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 6 / 2 0 0 6

Transaction ID: 20061120-2814-15-28

Amount of Each Receipt this Period

10.00

**B.** Full Name (Last, First, Middle Initial)

Kenneth T Bowden

Mailing Address 65 Satari Drive

City State Zip Code  
 Coventry CT 06238-1000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation  
SENIOR COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-2828-15-29

Amount of Each Receipt this Period

10.00

**C.** Full Name (Last, First, Middle Initial)

Patricia A Brown

Mailing Address 405 W Kings Avenue

City State Zip Code  
 Phoenix AZ 85023-3541

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
SENIOR ACCOUNT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 6 / 2 0 0 6

Transaction ID: 20061120-9418-15-28

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Patricia A Brown Mailing Address 405 W Kings Avenue City State Zip Code Phoenix AZ 85023-3541 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation SENIOR ACCOUNT MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-9472-15-29 Amount of Each Receipt this Period 10.00
<b>B.</b> Full Name (Last, First, Middle Initial) Zigmund R Brzezinski Mailing Address 15 Olden Drive City State Zip Code Flemington NJ 08822-1978 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation OPERATIONS DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 295.55		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-3946-15-28 Amount of Each Receipt this Period 13.07
<b>C.</b> Full Name (Last, First, Middle Initial) Zigmund R Brzezinski Mailing Address 15 Olden Drive City State Zip Code Flemington NJ 08822-1978 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation OPERATIONS DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 295.55		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-3971-15-29 Amount of Each Receipt this Period 13.07

**SUBTOTAL** of Receipts This Page (optional) .....

**36.14**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) M. L. Buckley		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-6803-15-28 Amount of Each Receipt this Period 9.62
Mailing Address 3651 N Leavitt Street City Chicago State IL Zip Code 60618-4821 FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer CT GENERAL LIFE INSURANCE CO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation ACCOUNT MANAGER-NATIONAL ACCTS Aggregate Year-to-Date ▼ 524.54	

<b>B.</b> Full Name (Last, First, Middle Initial) M. L. Buckley		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-6845-15-29 Amount of Each Receipt this Period 9.62
Mailing Address 3651 N Leavitt Street City Chicago State IL Zip Code 60618-4821 FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer CT GENERAL LIFE INSURANCE CO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation ACCOUNT MANAGER-NATIONAL ACCTS Aggregate Year-to-Date ▼ 524.54	

<b>C.</b> Full Name (Last, First, Middle Initial) Michelle L. Buswell		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-1873-15-28 Amount of Each Receipt this Period 10.00
Mailing Address 29 Old Farm Road City Oxford State CT Zip Code 06478-1704 FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer CT GENERAL LIFE INSURANCE CO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation OPERATIONS SENIOR DIRECTOR Aggregate Year-to-Date ▼ 230.00	

**SUBTOTAL** of Receipts This Page (optional) .....

29.24

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Michelle L Buswell		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-1880-15-29 Amount of Each Receipt this Period 10.00
Mailing Address 29 Old Farm Road City State Zip Code Oxford CT 06478-1704 FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer CT GENERAL LIFE INSURANCE CO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation OPERATIONS SENIOR DIRECTOR Aggregate Year-to-Date ▼ 230.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Gregory Cain		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-12968-15-28 Amount of Each Receipt this Period 11.05
Mailing Address 3802 Highland Drive City State Zip Code Boothwyn PA 19061-1861 FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer LIFE INS. CO. OF NORTH AMERICA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation HEALTH SERVICES DIRECTOR Aggregate Year-to-Date ▼ 254.15	

<b>C.</b> Full Name (Last, First, Middle Initial) Gregory Cain		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-13061-15-29 Amount of Each Receipt this Period 11.05
Mailing Address 3802 Highland Drive City State Zip Code Boothwyn PA 19061-1861 FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer LIFE INS. CO. OF NORTH AMERICA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation HEALTH SERVICES DIRECTOR Aggregate Year-to-Date ▼ 254.15	

SUBTOTAL of Receipts This Page (optional) .....

32.10

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.** Full Name (Last, First, Middle Initial)

John Cannon

Mailing Address PO Box 226

City State Zip Code  
 Solebury PA 18963-0226

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CIGNA CORPORATION

Occupation  
SVP CHIEF COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1728.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-3537-15-29

Amount of Each Receipt this Period

96.00

**B.** Full Name (Last, First, Middle Initial)

John S Cantrell

Mailing Address 6035 Fairway Avenue

City State Zip Code  
 Dallas TX 75227-6210

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
LIFE INS. CO. OF NORTH AM-  
ERICA

Occupation  
CORPORATE SECURITY SR SPEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 6 / 2 0 0 6

Transaction ID: 20061120-8776-15-28

Amount of Each Receipt this Period

10.00

**C.** Full Name (Last, First, Middle Initial)

John S Cantrell

Mailing Address 6035 Fairway Avenue

City State Zip Code  
 Dallas TX 75227-6210

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
LIFE INS. CO. OF NORTH AM-  
ERICA

Occupation  
CORPORATE SECURITY SR SPEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-8829-15-29

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

116.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. William C Carlson

Mailing Address 99 Westmont Street

City State Zip Code  
 West Hartford CT 06117-2929

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
EQUITY SENIOR MANAGING DIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-1012-15-29

Amount of Each Receipt this Period

22.00

Full Name (Last, First, Middle Initial)

B. Kenneth B Carter

Mailing Address 2160 El Cajonita Drive

City State Zip Code  
 La Habra Heights CA 90631-7726

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
SENIOR COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.26

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 6 / 2 0 0 6

Transaction ID: 20061120-9927-15-28

Amount of Each Receipt this Period

9.62

Full Name (Last, First, Middle Initial)

C. Kenneth B Carter

Mailing Address 2160 El Cajonita Drive

City State Zip Code  
 La Habra Heights CA 90631-7726

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
SENIOR COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.26

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-9987-15-29

Amount of Each Receipt this Period

9.62

SUBTOTAL of Receipts This Page (optional) .....

41.24

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 155

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Mary L Casey Mailing Address 160 River Road City State Zip Code Essex CT 06426-1306 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation VP SENIOR MANAGING DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1620.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-5996-15-29 Amount of Each Receipt this Period 90.00
<b>B.</b> Full Name (Last, First, Middle Initial) Charles R Catalano Mailing Address 28 William Penn Road City State Zip Code Warren NJ 07059-5038 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation GENERAL MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-2442-15-28 Amount of Each Receipt this Period 10.00
<b>C.</b> Full Name (Last, First, Middle Initial) Charles R Catalano Mailing Address 28 William Penn Road City State Zip Code Warren NJ 07059-5038 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation GENERAL MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-2452-15-29 Amount of Each Receipt this Period 10.00

SUBTOTAL of Receipts This Page (optional) .....

110.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Patricia A Charnley Mailing Address 6515 Regatta Lane City State Zip Code Charlotte NC 28227-8079 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation SERVICE SPECIALIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-5192-15-28 Amount of Each Receipt this Period 10.00
<b>B.</b> Full Name (Last, First, Middle Initial) Patricia A Charnley Mailing Address 6515 Regatta Lane City State Zip Code Charlotte NC 28227-8079 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation SERVICE SPECIALIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-5223-15-29 Amount of Each Receipt this Period 10.00
<b>C.</b> Full Name (Last, First, Middle Initial) Clement J Cheng Mailing Address 517 Wildflower Lane City State Zip Code Media PA 19063-1671 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CIGNA CORPORATION Occupation HR SENIOR DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-13216-15-28 Amount of Each Receipt this Period 10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Clement J Cheng Mailing Address 517 Wildflower Lane City State Zip Code Media PA 19063-1671 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CIGNA CORPORATION Occupation HR SENIOR DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-13312-15-29 Amount of Each Receipt this Period 10.00
<b>B.</b> Full Name (Last, First, Middle Initial) Percy W Christian Mailing Address 55 Trent Drive City State Zip Code Windsor CT 06095-2339 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CIGNA CORPORATION Occupation STRATEGIC SOURCING SR SPEC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-546-15-28 Amount of Each Receipt this Period 10.00
<b>C.</b> Full Name (Last, First, Middle Initial) Percy W Christian Mailing Address 55 Trent Drive City State Zip Code Windsor CT 06095-2339 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CIGNA CORPORATION Occupation STRATEGIC SOURCING SR SPEC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-549-15-29 Amount of Each Receipt this Period 10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Janice J Cobb

Mailing Address 2341 Stonesage Road

City State Zip Code  
 Soddy Daisy TN 37379-3647

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
CUSTOMER SERVICE MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 6 / 2 0 0 6

Transaction ID: 20061120-6897-15-28

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Janice J Cobb

Mailing Address 2341 Stonesage Road

City State Zip Code  
 Soddy Daisy TN 37379-3647

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
CUSTOMER SERVICE MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-6939-15-29

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Peter M Coen

Mailing Address 521 E 83rd Street Apt. 5R

City State Zip Code  
 New York NY 10028-7222

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
SENIOR SALES REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 6 / 2 0 0 6

Transaction ID: 20061120-2841-15-28

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Peter M Coen		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-2856-15-29 Amount of Each Receipt this Period 10.00
Mailing Address 521 E 83rd Street Apt. 5R City State Zip Code New York NY 10028-7222 FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer CT GENERAL LIFE INSURANCE CO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation SENIOR SALES REPRESENTATIVE Aggregate Year-to-Date ▼ 230.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Christophe M Coloian		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-13694-15-28 Amount of Each Receipt this Period 12.00
Mailing Address 36 Ruth Circle City State Zip Code Malvern PA 19355-3188 FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer CT GENERAL LIFE INSURANCE CO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation MEDICAL PROGRAM SR DIRECTOR Aggregate Year-to-Date ▼ 276.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Christophe M Coloian		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-13792-15-29 Amount of Each Receipt this Period 12.00
Mailing Address 36 Ruth Circle City State Zip Code Malvern PA 19355-3188 FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer CT GENERAL LIFE INSURANCE CO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation MEDICAL PROGRAM SR DIRECTOR Aggregate Year-to-Date ▼ 276.00	

**SUBTOTAL** of Receipts This Page (optional) .....

34.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Carroll O Conway Mailing Address 60 Brenway Drive City State Zip Code West Hartford CT 06117-3010 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation OPERATIONS SENIOR DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 460.00			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-3648-15-28 Amount of Each Receipt this Period 20.00
<b>B.</b> Full Name (Last, First, Middle Initial) Carroll O Conway Mailing Address 60 Brenway Drive City State Zip Code West Hartford CT 06117-3010 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation OPERATIONS SENIOR DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 460.00			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-3671-15-29 Amount of Each Receipt this Period 20.00
<b>C.</b> Full Name (Last, First, Middle Initial) David M Cordani Mailing Address 32 Lucy Way City State Zip Code Simsbury CT 06070-2527 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation SVP CUSTOMER SEGMENT & MKTG Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 805.00			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-662-15-28 Amount of Each Receipt this Period 35.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) David M Cordani Mailing Address 32 Lucy Way City State Zip Code Simsbury CT 06070-2527 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation SVP CUSTOMER SEGMENT & MKTG Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 805.00		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-665-15-29 Amount of Each Receipt this Period 35.00
<b>B.</b> Full Name (Last, First, Middle Initial) Andrew D Crooks Mailing Address 323 Turtle Trail City State Zip Code Lake Mary FL 32746-3619 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation GENERAL MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 575.00		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-13207-15-28 Amount of Each Receipt this Period 25.00
<b>C.</b> Full Name (Last, First, Middle Initial) Andrew D Crooks Mailing Address 323 Turtle Trail City State Zip Code Lake Mary FL 32746-3619 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation GENERAL MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 575.00		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-13303-15-29 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) .....

85.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas A Croswell

Mailing Address 121 Thistle Pond Drive

City State Zip Code  
 Bloomfield CT 06002-1661

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
SVP MEDICAL MGMT & CONSUMERISM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1530.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-364-15-29

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

B. Fidel Davila

Mailing Address 5909 Edinburgh Drive

City State Zip Code  
 Plano TX 75093-4743

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INT'L REHAB. ASSOCIATES,  
INC.

Occupation  
MEDICAL DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 6 / 2 0 0 6

Transaction ID: 20061120-11308-15-28

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Fidel Davila

Mailing Address 5909 Edinburgh Drive

City State Zip Code  
 Plano TX 75093-4743

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INT'L REHAB. ASSOCIATES,  
INC.

Occupation  
MEDICAL DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-11386-15-29

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) .....

125.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Johannes M De Jong

Mailing Address 6122 McCallum Street

City State Zip Code  
Philadelphia PA 19144-2604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation  
ASSOC CHIEF COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 0 6

Transaction ID: 20061120-316-15-28

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Johannes M De Jong

Mailing Address 6122 McCallum Street

City State Zip Code  
Philadelphia PA 19144-2604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation  
ASSOC CHIEF COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-319-15-29

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Christophe De Rosa

Mailing Address 15 St. Michaels Court

City State Zip Code  
Avon CT 06001-3187

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
GENERAL MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 0 6

Transaction ID: 20061120-2329-15-28

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional) .....

60.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Christophe De Rosa  
Mailing Address 15 St. Michaels Court

City State Zip Code  
Avon CT 06001-3187

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
GENERAL MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-2339-15-29

Amount of Each Receipt this Period

10.00

**B.** Full Name (Last, First, Middle Initial)  
Thomas P Degemmis  
Mailing Address 2276 Warner Road

City State Zip Code  
Lansdale PA 19446-5853

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
VP SERVICE OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 0 6

Transaction ID: 20061120-1107-15-28

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)  
Thomas P Degemmis  
Mailing Address 2276 Warner Road

City State Zip Code  
Lansdale PA 19446-5853

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
VP SERVICE OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-1110-15-29

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

110.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Edwin J Detrick			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6	
Mailing Address 17 Swallow Road			<b>Transaction ID:</b> 20061120-3781-15-29	
City State Zip Code Holland PA 18966-1951			<b>Amount of Each Receipt this Period</b> 20.00	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer CIGNA CORPORATION		Occupation VP INVESTOR RELATIONS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00		
<b>B.</b> Full Name (Last, First, Middle Initial) David R DeVoe			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6	
Mailing Address 303 Saint Peters Way			<b>Transaction ID:</b> 20061120-1273-15-28	
City State Zip Code Philadelphia PA 19106-4230			<b>Amount of Each Receipt this Period</b> 19.23	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer CIGNA CORPORATION		Occupation ASSOC CHIEF COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 442.29		
<b>C.</b> Full Name (Last, First, Middle Initial) David R DeVoe			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6	
Mailing Address 303 Saint Peters Way			<b>Transaction ID:</b> 20061120-1277-15-29	
City State Zip Code Philadelphia PA 19106-4230			<b>Amount of Each Receipt this Period</b> 19.23	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer CIGNA CORPORATION		Occupation ASSOC CHIEF COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 442.29		

**SUBTOTAL** of Receipts This Page (optional) .....

58.46

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Keith Dixon Mailing Address 1715 Morgan Avenue S City State Zip Code Minneapolis MN 55405-2205 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CIGNA BEHAVIORAL HEALTH, INC. Occupation PRESIDENT BEHAVIORAL HEALTH Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 575.00		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-9098-15-28 Amount of Each Receipt this Period 25.00
<b>B.</b> Full Name (Last, First, Middle Initial) Keith Dixon Mailing Address 1715 Morgan Avenue S City State Zip Code Minneapolis MN 55405-2205 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CIGNA BEHAVIORAL HEALTH, INC. Occupation PRESIDENT BEHAVIORAL HEALTH Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 575.00		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-9152-15-29 Amount of Each Receipt this Period 25.00
<b>C.</b> Full Name (Last, First, Middle Initial) Jeannine Doherty Mailing Address 15038 N 43rd Street City State Zip Code Phoenix AZ 85032-8107 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation SENIOR ACCOUNT MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 316.49		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-46-15-28 Amount of Each Receipt this Period 5.77

**SUBTOTAL** of Receipts This Page (optional) .....

55.77

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
 Jeannine Doherty  
 Mailing Address 15038 N 43rd Street

City State Zip Code  
 Phoenix AZ 85032-8107

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 CT GENERAL LIFE INSURANCE  
 CO

Occupation  
 SENIOR ACCOUNT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

316.49

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-46-15-29

Amount of Each Receipt this Period

5.77

**B.** Full Name (Last, First, Middle Initial)  
 Lisa A Douglas  
 Mailing Address 773 Palisado Avenue

City State Zip Code  
 Windsor CT 06095-2029

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 CT GENERAL LIFE INSURANCE  
 CO

Occupation  
 MARKETING PRODUCT DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.82

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 6 / 2 0 0 6

Transaction ID: 20061120-445-15-28

Amount of Each Receipt this Period

14.35

**C.** Full Name (Last, First, Middle Initial)  
 Lisa A Douglas  
 Mailing Address 773 Palisado Avenue

City State Zip Code  
 Windsor CT 06095-2029

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 CT GENERAL LIFE INSURANCE  
 CO

Occupation  
 MARKETING PRODUCT DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.82

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-447-15-29

Amount of Each Receipt this Period

14.35

**SUBTOTAL** of Receipts This Page (optional) .....

34.47

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Edward L Du Brow  
Mailing Address 38 W Hayward Avenue

City State Zip Code  
Phoenix AZ 85021-7221

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CIGNA HEALTHCARE OF AZ,  
INC

Occupation  
ADULT MEDICINE PRACTITIONER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 0 6

Transaction ID: 20061120-1896-15-28

Amount of Each Receipt this Period

10.00

**B.** Full Name (Last, First, Middle Initial)  
Edward L Du Brow  
Mailing Address 38 W Hayward Avenue

City State Zip Code  
Phoenix AZ 85021-7221

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CIGNA HEALTHCARE OF AZ,  
INC

Occupation  
ADULT MEDICINE PRACTITIONER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-1903-15-29

Amount of Each Receipt this Period

10.00

**C.** Full Name (Last, First, Middle Initial)  
Andrew M Dunn  
Mailing Address 46 Mountain View Drive

City State Zip Code  
West Hartford CT 06117-3029

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
UNDERWRITING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 0 6

Transaction ID: 20061120-1086-15-28

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Andrew M Dunn

Mailing Address 46 Mountain View Drive

City State Zip Code  
 West Hartford CT 06117-3029

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
UNDERWRITING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-1090-15-29

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Karen A Easterly-Behrens

Mailing Address 18332 Meridian Avenue N

City State Zip Code  
 Shoreline WA 98133-4650

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INT'L REHAB. ASSOCIATES,  
INC.

Occupation  
CASE MANAGER SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 6 / 2 0 0 6

Transaction ID: 20061120-4655-15-28

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Karen A Easterly-Behrens

Mailing Address 18332 Meridian Avenue N

City State Zip Code  
 Shoreline WA 98133-4650

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INT'L REHAB. ASSOCIATES,  
INC.

Occupation  
CASE MANAGER SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-4683-15-29

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional) .....

30.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.** Full Name (Last, First, Middle Initial)

Daryl W Edmonds

Mailing Address 9211 Sand Hill Street

City State Zip Code  
 Highlands Ranch CO 80126-5219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
GENERAL MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 6 / 2 0 0 6

Transaction ID: 20061120-9507-15-28

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)

Daryl W Edmonds

Mailing Address 9211 Sand Hill Street

City State Zip Code  
 Highlands Ranch CO 80126-5219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
GENERAL MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-9561-15-29

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)

John G Eisele

Mailing Address 43 Windham Drive

City State Zip Code  
 Simsbury CT 06070-1227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
REAL ESTATE MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 6 / 2 0 0 6

Transaction ID: 20061120-7013-15-28

Amount of Each Receipt this Period

11.00

**SUBTOTAL** of Receipts This Page (optional) .....

61.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) John G Eisele Mailing Address 43 Windham Drive City State Zip Code Simsbury CT 06070-1227 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation REAL ESTATE MANAGING DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 253.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-7057-15-29 Amount of Each Receipt this Period 11.00
<b>B.</b> Full Name (Last, First, Middle Initial) Lisa L Ellis Mailing Address 1510 Ramsgate Parkway City State Zip Code Hixson TN 37343-2569 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer INT'L REHAB. ASSOCIATES, INC. Occupation OPERATIONS DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-5461-15-28 Amount of Each Receipt this Period 10.00
<b>C.</b> Full Name (Last, First, Middle Initial) Lisa L Ellis Mailing Address 1510 Ramsgate Parkway City State Zip Code Hixson TN 37343-2569 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer INT'L REHAB. ASSOCIATES, INC. Occupation OPERATIONS DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-5495-15-29 Amount of Each Receipt this Period 10.00

**SUBTOTAL** of Receipts This Page (optional) .....

31.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Brian Evanko Mailing Address 5 Pratt Farm Road City North Granby State CT Zip Code 06060-1218 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation ACTUARIAL DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 204.47		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-2540-15-28 Amount of Each Receipt this Period 8.89
<b>B.</b> Full Name (Last, First, Middle Initial) Beverly J Everett Mailing Address 3826 Casey Leigh Lane City Raleigh State NC Zip Code 27612-4258 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer INT'L REHAB. ASSOCIATES, INC. Occupation MEDICAL DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 345.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-146-15-28 Amount of Each Receipt this Period 15.00
<b>C.</b> Full Name (Last, First, Middle Initial) Beverly J Everett Mailing Address 3826 Casey Leigh Lane City Raleigh State NC Zip Code 27612-4258 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer INT'L REHAB. ASSOCIATES, INC. Occupation MEDICAL DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 345.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-146-15-29 Amount of Each Receipt this Period 15.00

**SUBTOTAL** of Receipts This Page (optional) .....

38.89

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Robert Fair			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6	
Mailing Address 1758 Boulevard			<b>Transaction ID:</b> 20061120-315-15-29	
City State Zip Code West Hartford CT 06107-2818			<b>Amount of Each Receipt this Period</b> 20.00	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer CT GENERAL LIFE INSURANCE CO		Occupation INVESTMENT MANAGING DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00		
<b>B.</b> Full Name (Last, First, Middle Initial) Michael Ferris			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6	
Mailing Address 66 Steep Hollow Drive			<b>Transaction ID:</b> 20061120-223-15-29	
City State Zip Code Glastonbury CT 06033-4179			<b>Amount of Each Receipt this Period</b> 75.00	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer CT GENERAL LIFE INSURANCE CO		Occupation VP MEDICARE OPERATIONS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1350.00		
<b>C.</b> Full Name (Last, First, Middle Initial) David Ferriss			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6	
Mailing Address 6325 Wescates Court			<b>Transaction ID:</b> 20061120-12249-15-28	
City State Zip Code Brentwood TN 37027-5648			<b>Amount of Each Receipt this Period</b> 25.00	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer CT GENERAL LIFE INSURANCE CO		Occupation MEDICAL SENIOR DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 575.00		

**SUBTOTAL** of Receipts This Page (optional) .....

120.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) David Ferriss Mailing Address 6325 Wescates Court City State Zip Code Brentwood TN 37027-5648 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation MEDICAL SENIOR DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 575.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-12335-15-29 Amount of Each Receipt this Period 25.00
<b>B.</b> Full Name (Last, First, Middle Initial) Robert C Flores Mailing Address 5401 E Lewis Avenue City State Zip Code Phoenix AZ 85008-2615 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CIGNA HEALTHCARE OF AZ, INC Occupation MEDICAL DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 221.26		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-14294-15-28 Amount of Each Receipt this Period 9.62
<b>C.</b> Full Name (Last, First, Middle Initial) Robert C Flores Mailing Address 5401 E Lewis Avenue City State Zip Code Phoenix AZ 85008-2615 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CIGNA HEALTHCARE OF AZ, INC Occupation MEDICAL DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 221.26		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-14398-15-29 Amount of Each Receipt this Period 9.62

**SUBTOTAL** of Receipts This Page (optional) .....

44.24

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Richard H Forde Mailing Address 5 Brighton Lane City State Zip Code Simsbury CT 06070-1543 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation SVP CHIEF INVESTMENT OFFICER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1620.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-1282-15-29 Amount of Each Receipt this Period 90.00
<b>B.</b> Full Name (Last, First, Middle Initial) Robert S Fry Mailing Address 1004 Beech Bay Road City State Zip Code Poplar Grove IL 61065-8242 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation GENERAL MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 460.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-4221-15-28 Amount of Each Receipt this Period 20.00
<b>C.</b> Full Name (Last, First, Middle Initial) Robert S Fry Mailing Address 1004 Beech Bay Road City State Zip Code Poplar Grove IL 61065-8242 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation GENERAL MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 460.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-4249-15-29 Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional) .....

130.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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FOR LINE NUMBER: PAGE 41 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas Garvey

Mailing Address 31 Lakeshore Drive

City State Zip Code  
 Rockaway NJ 07866-1405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
PROVIDER CONTRACTING SR DIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 6 / 2 0 0 6

Transaction ID: 20061120-2968-15-28

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Thomas Garvey

Mailing Address 31 Lakeshore Drive

City State Zip Code  
 Rockaway NJ 07866-1405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
PROVIDER CONTRACTING SR DIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-2985-15-29

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Steven W Geltmaker

Mailing Address 4561 E Tierra Buena Lane

City State Zip Code  
 Phoenix AZ 85032-8410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
UNDERWRITING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.91

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 6 / 2 0 0 6

Transaction ID: 20061120-6367-15-28

Amount of Each Receipt this Period

9.17

SUBTOTAL of Receipts This Page (optional) .....

29.17

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Steven W Geltmaker

Mailing Address 4561 E Tierra Buena Lane

City State Zip Code  
 Phoenix AZ 85032-8410

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
UNDERWRITING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.91

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-6408-15-29

Amount of Each Receipt this Period

9.17

Full Name (Last, First, Middle Initial)

**B.** David J Giannoni

Mailing Address 2030 James Farm Road

City State Zip Code  
 Stratford CT 06614-1071

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
SENIOR ACCOUNT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

654.84

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 6 / 2 0 0 6

Transaction ID: 20061120-6102-15-28

Amount of Each Receipt this Period

19.40

Full Name (Last, First, Middle Initial)

**C.** David J Giannoni

Mailing Address 2030 James Farm Road

City State Zip Code  
 Stratford CT 06614-1071

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
SENIOR ACCOUNT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

654.84

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-6139-15-29

Amount of Each Receipt this Period

6.73

**SUBTOTAL** of Receipts This Page (optional) .....

35.30

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
 Kathryn Gies  
 Mailing Address 10130 E Powers Avenue

City State Zip Code  
 Greenwood Village CO 80111-3754

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 CT GENERAL LIFE INSURANCE  
 CO

Occupation  
 QUALITY MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 6 / 2 0 0 6

Transaction ID: 20061120-9558-15-28

Amount of Each Receipt this Period

10.00

**B.** Full Name (Last, First, Middle Initial)  
 Kathryn Gies  
 Mailing Address 10130 E Powers Avenue

City State Zip Code  
 Greenwood Village CO 80111-3754

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 CT GENERAL LIFE INSURANCE  
 CO

Occupation  
 QUALITY MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-9612-15-29

Amount of Each Receipt this Period

10.00

**C.** Full Name (Last, First, Middle Initial)  
 Timothy J Gifford  
 Mailing Address 211 Croftbridge Drive

City State Zip Code  
 Broomall PA 19008-1514

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 CIGNA CORPORATION

Occupation  
 VP CHIEF COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-6764-15-29

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

40.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Paul J Gontarek			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6	
Mailing Address 7442 Devon Street			<b>Transaction ID:</b> 20061120-4391-15-28	
City Philadelphia		State PA	Zip Code 19119-1018	
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period 25.00	
Name of Employer CIGNA CORPORATION		Occupation ASSOC CHIEF COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 575.00		
<b>B.</b> Full Name (Last, First, Middle Initial) Paul J Gontarek			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6	
Mailing Address 7442 Devon Street			<b>Transaction ID:</b> 20061120-4419-15-29	
City Philadelphia		State PA	Zip Code 19119-1018	
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period 25.00	
Name of Employer CIGNA CORPORATION		Occupation ASSOC CHIEF COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 575.00		
<b>C.</b> Full Name (Last, First, Middle Initial) David A Gordon			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6	
Mailing Address 121 Grandview Drive			<b>Transaction ID:</b> 20061120-1569-15-29	
City Glastonbury		State CT	Zip Code 06033-3937	
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period 15.00	
Name of Employer CT GENERAL LIFE INSURANCE CO		Occupation VP PRODUCT LEADER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 270.00		

**SUBTOTAL** of Receipts This Page (optional) .....

65.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Donna W Gore Mailing Address 12 Scarborough Road City Windsor State CT Zip Code 06095-3736 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation FINANCIAL ANALYSIS MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.82		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-297-15-28 Amount of Each Receipt this Period 10.47
<b>B.</b> Full Name (Last, First, Middle Initial) Donna W Gore Mailing Address 12 Scarborough Road City Windsor State CT Zip Code 06095-3736 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation FINANCIAL ANALYSIS MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.82		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-298-15-29 Amount of Each Receipt this Period 10.47
<b>C.</b> Full Name (Last, First, Middle Initial) Mark A Gosselin Mailing Address 48 Brian Drive City Hebron State CT Zip Code 06248-1238 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation APP DEVELOPMENT DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-960-15-28 Amount of Each Receipt this Period 10.00

SUBTOTAL of Receipts This Page (optional) .....

30.94

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.** Full Name (Last, First, Middle Initial)

Mark A Gosselin

Mailing Address 48 Brian Drive

City State Zip Code  
 Hebron CT 06248-1238

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
APP DEVELOPMENT DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-963-15-29

Amount of Each Receipt this Period

10.00

**B.** Full Name (Last, First, Middle Initial)

Richard Gray

Mailing Address 239 Ballard Drive

City State Zip Code  
 West Hartford CT 06119-1006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation  
STRAT AND BUS DEVELOP SR DIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 6 / 2 0 0 6

Transaction ID: 20061120-2834-15-28

Amount of Each Receipt this Period

10.00

**C.** Full Name (Last, First, Middle Initial)

Richard Gray

Mailing Address 239 Ballard Drive

City State Zip Code  
 West Hartford CT 06119-1006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation  
STRAT AND BUS DEVELOP SR DIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-2849-15-29

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas E Greenebaum

Mailing Address 15 Avalon Drive

City

Avon

State

CT

Zip Code

06001-3539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

OPERATIONS SENIOR DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 6

Transaction ID: 20061120-14690-15-28

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Thomas E Greenebaum

Mailing Address 15 Avalon Drive

City

Avon

State

CT

Zip Code

06001-3539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

OPERATIONS SENIOR DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-14795-15-29

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Jared Gross

Mailing Address 2017 Boulevard

City

West Hartford

State

CT

Zip Code

06107-2805

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

ACTUARIAL SENIOR DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 6

Transaction ID: 20061120-336-15-28

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional) .....

50.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Jared Gross

Mailing Address 2017 Boulevard

City State Zip Code  
West Hartford CT 06107-2805

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
ACTUARIAL SENIOR DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 02 / 2006

Transaction ID: 20061120-339-15-29

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B.** Ronald E Habros

Mailing Address 10800 N 101st Way

City State Zip Code  
Scottsdale AZ 85260-6332

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CIGNA HEALTHCARE OF AZ,  
INC

Occupation  
ADULT MEDICINE PRACTITIONER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 16 / 2006

Transaction ID: 20061120-6932-15-28

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C.** Ronald E Habros

Mailing Address 10800 N 101st Way

City State Zip Code  
Scottsdale AZ 85260-6332

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CIGNA HEALTHCARE OF AZ,  
INC

Occupation  
ADULT MEDICINE PRACTITIONER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 02 / 2006

Transaction ID: 20061120-6975-15-29

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 155

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Douglas R Hadley

Mailing Address 301 Glen Echo Lane Apt. B

City	State	Zip Code
Cary	NC	27511-9680

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INT'L REHAB. ASSOCIATES,  
INC.Occupation  
NATIONAL MEDICAL SR DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	0	6

Transaction ID: 20061120-9937-15-28

Amount of Each Receipt this Period

20.00

**B.** Full Name (Last, First, Middle Initial)  
Douglas R Hadley

Mailing Address 301 Glen Echo Lane Apt. B

City	State	Zip Code
Cary	NC	27511-9680

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INT'L REHAB. ASSOCIATES,  
INC.Occupation  
NATIONAL MEDICAL SR DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	0	6

Transaction ID: 20061120-9997-15-29

Amount of Each Receipt this Period

20.00

**C.** Full Name (Last, First, Middle Initial)  
Annmarie T Hagan

Mailing Address 113 Waterwillow Road

City	State	Zip Code
West Chester	PA	19380-2111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATIONOccupation  
VP CHIEF ACCOUNTING OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	0	6

Transaction ID: 20061120-13427-15-28

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional) .....

50.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Annmarie T Hagan

Mailing Address 113 Waterwillow Road

City State Zip Code  
 West Chester PA 19380-2111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation  
VP CHIEF ACCOUNTING OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-13524-15-29

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Michael R Halford

Mailing Address 5400 Kincross Lane

City State Zip Code  
 Charlotte NC 28277-8776

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
CLAIMS SENIOR DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.34

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 6 / 2 0 0 6

Transaction ID: 20061120-8001-15-28

Amount of Each Receipt this Period

10.58

Full Name (Last, First, Middle Initial)

C. Michael R Halford

Mailing Address 5400 Kincross Lane

City State Zip Code  
 Charlotte NC 28277-8776

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
CLAIMS SENIOR DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.34

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-8048-15-29

Amount of Each Receipt this Period

10.58

SUBTOTAL of Receipts This Page (optional) .....

31.16

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Lynn Hamilton Mailing Address 221 Wolcott Hill Road City State Zip Code Wethersfield CT 06109-2030 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation OPERATIONS DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-1178-15-28 Amount of Each Receipt this Period 10.00
<b>B.</b> Full Name (Last, First, Middle Initial) Lynn Hamilton Mailing Address 221 Wolcott Hill Road City State Zip Code Wethersfield CT 06109-2030 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation OPERATIONS DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-1182-15-29 Amount of Each Receipt this Period 10.00
<b>C.</b> Full Name (Last, First, Middle Initial) H. E Hanway Mailing Address 1601 Chestnut St City State Zip Code Philadelphia PA 19192 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CIGNA CORPORATION Occupation PRESIDENT & CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3461.40		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-4325-15-29 Amount of Each Receipt this Period 192.30

**SUBTOTAL** of Receipts This Page (optional) .....

212.30

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Ben K Haynes Mailing Address 2 Collins View Road City Canton State CT Zip Code 06019-3052 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation OPERATIONS SENIOR DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-5638-15-28 Amount of Each Receipt this Period 10.00
<b>B.</b> Full Name (Last, First, Middle Initial) Ben K Haynes Mailing Address 2 Collins View Road City Canton State CT Zip Code 06019-3052 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation OPERATIONS SENIOR DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-5673-15-29 Amount of Each Receipt this Period 10.00
<b>C.</b> Full Name (Last, First, Middle Initial) Cheryl S Haynes Mailing Address 5320 Sunnyvale Drive City Antioch State TN Zip Code 37013-5663 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation PROJECT MANAGEMENT SR SPEC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 253.00			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-5723-15-28 Amount of Each Receipt this Period 11.00

**SUBTOTAL** of Receipts This Page (optional) .....

**31.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 155

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Cheryl S Haynes Mailing Address 5320 Sunnyside Drive City Antioch State TN Zip Code 37013-5663 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation PROJECT MANAGEMENT SR SPEC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 253.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> <b>Transaction ID:</b> 20061120-5759-15-29 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">11.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	2	/	2	0	0	6	11.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	1	/	0	2	/	2	0	0	6																							
11.00																																
<b>B.</b> Full Name (Last, First, Middle Initial) Thomas M Healy Mailing Address 41 Bradley Corners Road City Madison State CT Zip Code 06443-1724 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation CORPORATE SECURITY MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> <b>Transaction ID:</b> 20061120-2420-15-28 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">10.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	6	/	2	0	0	6	10.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	1	/	1	6	/	2	0	0	6																							
10.00																																
<b>C.</b> Full Name (Last, First, Middle Initial) Thomas M Healy Mailing Address 41 Bradley Corners Road City Madison State CT Zip Code 06443-1724 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation CORPORATE SECURITY MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> <b>Transaction ID:</b> 20061120-2430-15-29 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">10.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	2	/	2	0	0	6	10.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	1	/	0	2	/	2	0	0	6																							
10.00																																

**SUBTOTAL** of Receipts This Page (optional) .....

31.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Clay R Hedlund Mailing Address 2504 Briarcrest Drive City Irving State TX Zip Code 75063-3175 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CIGNA DENTAL HEALTH, INC. Occupation DENTIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 265.31			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-9912-15-28 Amount of Each Receipt this Period 11.59
<b>B.</b> Full Name (Last, First, Middle Initial) Clay R Hedlund Mailing Address 2504 Briarcrest Drive City Irving State TX Zip Code 75063-3175 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CIGNA DENTAL HEALTH, INC. Occupation DENTIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 265.31			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-9972-15-29 Amount of Each Receipt this Period 11.59
<b>C.</b> Full Name (Last, First, Middle Initial) Todd E Helin Mailing Address 1304 Montgomery Lane City Southlake State TX Zip Code 76092-9600 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation ACCOUNT MANAGER-NATIONAL ACCTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-1607-15-28 Amount of Each Receipt this Period 10.00

**SUBTOTAL** of Receipts This Page (optional) .....

33.18

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Todd E Helin

Mailing Address 1304 Montgomery Lane

City

Southlake

State

TX

Zip Code

76092-9600

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

ACCOUNT MANAGER-NATIONAL ACCTS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-1613-15-29

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

James V Heskett

Mailing Address 108 Millbrook Drive

City

Chadds Ford

State

PA

Zip Code

19317-9272

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LIFE INS. CO. OF NORTH AM-  
ERICA

Occupation

SERVICE SR SPECIALIST-NATL ACT

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-500-15-29

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Standley H Hoch

Mailing Address 91 Northgate

City

Avon

State

CT

Zip Code

06001-4077

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

OPERATIONS SENIOR DIRECTOR

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 0 6

Transaction ID: 20061120-268-15-28

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

A. Full Name (Last, First, Middle Initial)

Standley H Hoch

Mailing Address 91 Northgate

City State Zip Code  
 Avon CT 06001-4077

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
OPERATIONS SENIOR DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-269-15-29

Amount of Each Receipt this Period

10.00

B. Full Name (Last, First, Middle Initial)

Kathleen M Hockmuth

Mailing Address 135 Brackett Road

City State Zip Code  
 Rye NH 03870-2044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
COMPLIANCE SR DIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 6 / 2 0 0 6

Transaction ID: 20061120-774-15-28

Amount of Each Receipt this Period

10.00

C. Full Name (Last, First, Middle Initial)

Kathleen M Hockmuth

Mailing Address 135 Brackett Road

City State Zip Code  
 Rye NH 03870-2044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
COMPLIANCE SR DIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-778-15-29

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional) .....

30.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 155

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Robert P Hockmuth Mailing Address 135 Brackett Road City Rye State NH Zip Code 03870-2044 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation MEDICAL SENIOR DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 442.52			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-1096-15-28 Amount of Each Receipt this Period 19.24
<b>B.</b> Full Name (Last, First, Middle Initial) Robert P Hockmuth Mailing Address 135 Brackett Road City Rye State NH Zip Code 03870-2044 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation MEDICAL SENIOR DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 442.52			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-1100-15-29 Amount of Each Receipt this Period 19.24
<b>C.</b> Full Name (Last, First, Middle Initial) Robert S House Mailing Address 181 Reverknolls City Avon State CT Zip Code 06001-2054 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation FINANCIAL ANALYSIS SR DIR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 221.26			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-1283-15-28 Amount of Each Receipt this Period 9.62

**SUBTOTAL** of Receipts This Page (optional) .....

48.10

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.** Full Name (Last, First, Middle Initial)

Robert S House

Mailing Address 181 Reverknolls

City State Zip Code  
 Avon CT 06001-2054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
FINANCIAL ANALYSIS SR DIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.26

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-1287-15-29

Amount of Each Receipt this Period

9.62

**B.** Full Name (Last, First, Middle Initial)

Dale Hovey

Mailing Address 6 Westborough Drive

City State Zip Code  
 Weatogue CT 06089-9786

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
APP DEVELOPMENT DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.26

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 6 / 2 0 0 6

Transaction ID: 20061120-1333-15-28

Amount of Each Receipt this Period

9.62

**C.** Full Name (Last, First, Middle Initial)

Dale Hovey

Mailing Address 6 Westborough Drive

City State Zip Code  
 Weatogue CT 06089-9786

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
APP DEVELOPMENT DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.26

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-1337-15-29

Amount of Each Receipt this Period

9.62

**SUBTOTAL** of Receipts This Page (optional) .....

28.86

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Scott C Hudson

Mailing Address 108 Jonathan Court

City State Zip Code  
Franklin TN 37069-8702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
BUSINESS PROJECT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.94

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 0 6

Transaction ID: 20061120-4787-15-28

Amount of Each Receipt this Period

9.81

Full Name (Last, First, Middle Initial)

B. Scott C Hudson

Mailing Address 108 Jonathan Court

City State Zip Code  
Franklin TN 37069-8702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
BUSINESS PROJECT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.94

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-4816-15-29

Amount of Each Receipt this Period

9.81

Full Name (Last, First, Middle Initial)

C. Robert J Hughes

Mailing Address 120 Shandon Place

City State Zip Code  
Malvern PA 19355-3177

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIFE INS. CO. OF NORTH AM-  
ERICA

Occupation  
VP BFO INTERNATIONAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-1913-15-29

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) .....

39.62

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Md M Iftekhar Mailing Address 210 Cabot Court City State Zip Code Deptford NJ 08096-5114 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation APP DEVELOPMENT SR SPECIALIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 223.30		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-3020-15-28 Amount of Each Receipt this Period 9.85
<b>B.</b> Full Name (Last, First, Middle Initial) Md M Iftekhar Mailing Address 210 Cabot Court City State Zip Code Deptford NJ 08096-5114 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation APP DEVELOPMENT SR SPECIALIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 223.30		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-3037-15-29 Amount of Each Receipt this Period 9.85
<b>C.</b> Full Name (Last, First, Middle Initial) Abdul-Alim Issa Mailing Address 5 Corvette Court City State Zip Code New Castle DE 19720-8713 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer LIFE INS. CO. OF NORTH AMERICA Occupation UNDERWRITING DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-169-15-28 Amount of Each Receipt this Period 10.00

**SUBTOTAL** of Receipts This Page (optional) .....

29.70

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Abdul-Alim Issa

Mailing Address 5 Corvette Court

City State Zip Code  
 New Castle DE 19720-8713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIFE INS. CO. OF NORTH AM-  
ERICA

Occupation  
UNDERWRITING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-169-15-29

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Jerilyn Jacobs

Mailing Address 136 Avondale Avenue

City State Zip Code  
 Haddonfield NJ 08033-2636

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
OPERATIONS DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

319.07

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 6 / 2 0 0 6

Transaction ID: 20061120-3052-15-28

Amount of Each Receipt this Period

13.99

Full Name (Last, First, Middle Initial)

C. Jerilyn Jacobs

Mailing Address 136 Avondale Avenue

City State Zip Code  
 Haddonfield NJ 08033-2636

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
OPERATIONS DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

319.07

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-3069-15-29

Amount of Each Receipt this Period

13.99

SUBTOTAL of Receipts This Page (optional) .....

37.98

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. William S Jameson

Mailing Address 690 Bradford Street

City State Zip Code  
Pasadena CA 91105-2411

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
ASSOC CHIEF COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 0 6

Transaction ID: 20061120-10182-15-28

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. William S Jameson

Mailing Address 690 Bradford Street

City State Zip Code  
Pasadena CA 91105-2411

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
ASSOC CHIEF COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-10244-15-29

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. James M Jeffers

Mailing Address 50 Paley Farms Road

City State Zip Code  
Portland CT 06480-1021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
INFORMATION PROTECTION DIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 0 6

Transaction ID: 20061120-393-15-28

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional) .....

60.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. James M Jeffers

Mailing Address 50 Paley Farms Road

City State Zip Code  
 Portland CT 06480-1021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
INFORMATION PROTECTION DIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-395-15-29

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Eileen M Jonas-Ryan

Mailing Address 1469 Greenleaf Dr. N

City State Zip Code  
 Warrington PA 18976-1337

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
FINANCIAL ANALYSIS SR SPEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 6 / 2 0 0 6

Transaction ID: 20061120-3888-15-28

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Eileen M Jonas-Ryan

Mailing Address 1469 Greenleaf Dr. N

City State Zip Code  
 Warrington PA 18976-1337

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
FINANCIAL ANALYSIS SR SPEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-3913-15-29

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional) .....

30.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 155

(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Frank E Jones Mailing Address 2622 Cedarvue Drive City State Zip Code Pittsburgh PA 15241-2912 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer INT'L REHAB. ASSOCIATES, INC. Occupation MEDICAL DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 362.14		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-4576-15-28 Amount of Each Receipt this Period 15.96
<b>B.</b> Full Name (Last, First, Middle Initial) Frank E Jones Mailing Address 2622 Cedarvue Drive City State Zip Code Pittsburgh PA 15241-2912 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer INT'L REHAB. ASSOCIATES, INC. Occupation MEDICAL DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 362.14		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-4604-15-29 Amount of Each Receipt this Period 15.96
<b>C.</b> Full Name (Last, First, Middle Initial) Gail R Jones Mailing Address 31 Rillbank Terrace City State Zip Code West Hartford CT 06107-1032 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CIGNA CORPORATION Occupation ASSOC CHIEF COUNSEL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-9939-15-28 Amount of Each Receipt this Period 10.00

**SUBTOTAL** of Receipts This Page (optional) .....

41.92

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Gail R Jones		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-9999-15-29
Mailing Address 31 Rillbank Terrace		
City	State	Zip Code
West Hartford	CT	06107-1032
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 10.00
Name of Employer CIGNA CORPORATION		
Occupation ASSOC CHIEF COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 230.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Scott Josephs		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-11049-15-28
Mailing Address 403 Tramore Drive		
City	State	Zip Code
Chapel Hill	NC	27516-4642
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 15.00
Name of Employer CT GENERAL LIFE INSURANCE CO		
Occupation MEDICAL SENIOR DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 345.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Scott Josephs		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-11123-15-29
Mailing Address 403 Tramore Drive		
City	State	Zip Code
Chapel Hill	NC	27516-4642
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 15.00
Name of Employer CT GENERAL LIFE INSURANCE CO		
Occupation MEDICAL SENIOR DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 345.00		

**SUBTOTAL** of Receipts This Page (optional) .....

40.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Kristin P Julason		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6
Mailing Address 2939 Van Ness Street Northwest Apt		<b>Transaction ID:</b> 20061120-3618-15-28
City Washington	State DC	Zip Code 20008-4629
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer CIGNA CORPORATION	Occupation GOVERNMENT AFFAIRS DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Kristin P Julason		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address 2939 Van Ness Street Northwest Apt		<b>Transaction ID:</b> 20061120-3640-15-29
City Washington	State DC	Zip Code 20008-4629
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer CIGNA CORPORATION	Occupation GOVERNMENT AFFAIRS DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Eric E Kaulfuss		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6
Mailing Address 8525 Hale Road		<b>Transaction ID:</b> 20061120-4682-15-28
City Hixson	State TN	Zip Code 37343-1431
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation STAFFING MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

**SUBTOTAL** of Receipts This Page (optional) .....

40.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.** Full Name (Last, First, Middle Initial)

Eric E Kaulfuss

Mailing Address 8525 Hale Road

City State Zip Code  
Hixson TN 37343-1431

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
STAFFING MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-4711-15-29

Amount of Each Receipt this Period

10.00

**B.** Full Name (Last, First, Middle Initial)

Coretta H Key

Mailing Address 11199 Stonebrook Drive

City State Zip Code  
Manassas VA 20112-3053

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
QUALITY MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.52

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 0 6

Transaction ID: 20061120-5447-15-28

Amount of Each Receipt this Period

9.76

**C.** Full Name (Last, First, Middle Initial)

Coretta H Key

Mailing Address 11199 Stonebrook Drive

City State Zip Code  
Manassas VA 20112-3053

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
QUALITY MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.52

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-5481-15-29

Amount of Each Receipt this Period

9.76

**SUBTOTAL** of Receipts This Page (optional) .....

29.52

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Diana L Kycia Mailing Address 98 Garfield Road City State Zip Code West Hartford CT 06107-2910 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation OPERATIONS MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 249.99			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-1316-15-28 Amount of Each Receipt this Period 11.07
<b>B.</b> Full Name (Last, First, Middle Initial) Diana L Kycia Mailing Address 98 Garfield Road City State Zip Code West Hartford CT 06107-2910 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation OPERATIONS MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 249.99			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-1320-15-29 Amount of Each Receipt this Period 11.07
<b>C.</b> Full Name (Last, First, Middle Initial) Maria Y Kyriakos Mailing Address 23 Harwich Lane City State Zip Code West Hartford CT 06117-1437 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation HR SENIOR DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-9965-15-28 Amount of Each Receipt this Period 10.00

SUBTOTAL of Receipts This Page (optional) .....

32.14

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Maria Y Kyriakos		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-10025-15-29 Amount of Each Receipt this Period 10.00
Mailing Address 23 Harwich Lane  City State Zip Code West Hartford CT 06117-1437		
FEC ID number of contributing federal political committee. C		
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation HR SENIOR DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Rene R LaFleur		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-274-15-28 Amount of Each Receipt this Period 6.24
Mailing Address 169 Burnham Road  City State Zip Code Lowell MA 01852-1611		
FEC ID number of contributing federal political committee. C		
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation SENIOR ACCOUNT MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 324.46	

<b>C.</b> Full Name (Last, First, Middle Initial) Rene R LaFleur		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-275-15-29 Amount of Each Receipt this Period 6.24
Mailing Address 169 Burnham Road  City State Zip Code Lowell MA 01852-1611		
FEC ID number of contributing federal political committee. C		
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation SENIOR ACCOUNT MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 324.46	

SUBTOTAL of Receipts This Page (optional) .....

22.48

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Kenneth P Langevin		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6
Mailing Address 32 Castlewood Road		<b>Transaction ID:</b> 20061120-1881-15-28
City West Hartford	State CT	Zip Code 06107-2903
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer CIGNA CORPORATION	Occupation SENIOR COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Kenneth P Langevin		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address 32 Castlewood Road		<b>Transaction ID:</b> 20061120-1888-15-29
City West Hartford	State CT	Zip Code 06107-2903
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer CIGNA CORPORATION	Occupation SENIOR COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00	

<b>C.</b> Full Name (Last, First, Middle Initial) R. A Lara		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6
Mailing Address 3987 E Herrera Drive		<b>Transaction ID:</b> 20061120-4133-15-28
City Phoenix	State AZ	Zip Code 85050-5461
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation SALES MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

**SUBTOTAL** of Receipts This Page (optional) .....

40.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) R. A Lara Mailing Address 3987 E Herrera Drive City State Zip Code Phoenix AZ 85050-5461 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation SALES MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-4161-15-29 Amount of Each Receipt this Period 10.00
<b>B.</b> Full Name (Last, First, Middle Initial) Alfredo Lathrop Mailing Address 11 Alexandra Court City State Zip Code Glen Mills PA 19342-1782 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer LIFE INS. CO. OF NORTH AMERICA Occupation VP HUMAN RESOURCES Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-6030-15-28 Amount of Each Receipt this Period 10.00
<b>C.</b> Full Name (Last, First, Middle Initial) Alfredo Lathrop Mailing Address 11 Alexandra Court City State Zip Code Glen Mills PA 19342-1782 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer LIFE INS. CO. OF NORTH AMERICA Occupation VP HUMAN RESOURCES Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-6067-15-29 Amount of Each Receipt this Period 10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. William P Lawless

Mailing Address 509 S Bay Shore Boulevard

City State Zip Code  
 Gilbert AZ 85233-6624

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA HEALTHCARE OF AZ,  
INC

Occupation  
ADULT MEDICINE PRACTITIONER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 6 / 2 0 0 6

Transaction ID: 20061120-2722-15-28

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. William P Lawless

Mailing Address 509 S Bay Shore Boulevard

City State Zip Code  
 Gilbert AZ 85233-6624

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA HEALTHCARE OF AZ,  
INC

Occupation  
ADULT MEDICINE PRACTITIONER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-2734-15-29

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Lisa F Lawrence

Mailing Address 15602 Eastbourn Drive

City State Zip Code  
 Odessa FL 33556-2850

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
OPERATIONS MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.18

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 6 / 2 0 0 6

Transaction ID: 20061120-4934-15-28

Amount of Each Receipt this Period

12.33

SUBTOTAL of Receipts This Page (optional) .....

52.33

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Lisa F Lawrence Mailing Address 15602 Eastbourn Drive City State Zip Code Odessa FL 33556-2850 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation OPERATIONS MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 280.18		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-4964-15-29 Amount of Each Receipt this Period 12.33
<b>B.</b> Full Name (Last, First, Middle Initial) Charles Levine Mailing Address 6469 Northeast 186th Street City State Zip Code Kenmore WA 98028-7934 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation PROVIDER CONTRACTING DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 221.26		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-4105-15-28 Amount of Each Receipt this Period 9.62
<b>C.</b> Full Name (Last, First, Middle Initial) Charles Levine Mailing Address 6469 Northeast 186th Street City State Zip Code Kenmore WA 98028-7934 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation PROVIDER CONTRACTING DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 221.26		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-4132-15-29 Amount of Each Receipt this Period 9.62
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		31.57
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Stephen Levine  
Mailing Address 1617 Mayflower Lane

City State Zip Code  
Cherry Hill NJ 08003-2745

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CIGNA CORPORATION

Occupation  
STRATEGIC SOURCING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-2863-15-29

Amount of Each Receipt this Period

10.00

**B.** Full Name (Last, First, Middle Initial)  
David Long  
Mailing Address 6017 E Powder House Circle

City State Zip Code  
Sioux Falls SD 57110-7468

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
TEL-DRUG, INC.

Occupation  
OPERATIONS DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 0 6

Transaction ID: 20061120-13260-15-28

Amount of Each Receipt this Period

10.00

**C.** Full Name (Last, First, Middle Initial)  
David Long  
Mailing Address 6017 E Powder House Circle

City State Zip Code  
Sioux Falls SD 57110-7468

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
TEL-DRUG, INC.

Occupation  
OPERATIONS DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-13356-15-29

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Christophe R Loomis Mailing Address 909 Overton Avenue City State Zip Code Yardley PA 19067-1025 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CIGNA CORPORATION Occupation ASSOC CHIEF COUNSEL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 460.00			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-6968-15-28 Amount of Each Receipt this Period 20.00
<b>B.</b> Full Name (Last, First, Middle Initial) Christophe R Loomis Mailing Address 909 Overton Avenue City State Zip Code Yardley PA 19067-1025 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CIGNA CORPORATION Occupation ASSOC CHIEF COUNSEL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 460.00			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-7012-15-29 Amount of Each Receipt this Period 20.00
<b>C.</b> Full Name (Last, First, Middle Initial) Jon E Maesner Mailing Address 22 Crosswood Road City State Zip Code Farmington CT 06032-1043 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation OPERATIONS SENIOR DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 345.00			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-9948-15-28 Amount of Each Receipt this Period 15.00

**SUBTOTAL** of Receipts This Page (optional) .....

55.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Jon E Maesner		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-10008-15-29
Mailing Address 22 Crosswood Road		
City	State	Zip Code
Farmington	CT	06032-1043
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 15.00
Name of Employer CT GENERAL LIFE INSURANCE CO		
Occupation OPERATIONS SENIOR DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 345.00		

<b>B.</b> Full Name (Last, First, Middle Initial) William J Maher		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-4869-15-28
Mailing Address 10 John Singer Sargent Way		
City	State	Zip Code
Marlton	NJ	08053-7215
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 10.00
Name of Employer CT GENERAL LIFE INSURANCE CO		
Occupation FINANCIAL ANALYSIS DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 230.00		

<b>C.</b> Full Name (Last, First, Middle Initial) William J Maher		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-4899-15-29
Mailing Address 10 John Singer Sargent Way		
City	State	Zip Code
Marlton	NJ	08053-7215
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 10.00
Name of Employer CT GENERAL LIFE INSURANCE CO		
Occupation FINANCIAL ANALYSIS DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 230.00		

**SUBTOTAL** of Receipts This Page (optional) .....

35.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.** Full Name (Last, First, Middle Initial)

Carla C Mangiafico

Mailing Address 47 Kelsey Lane

City State Zip Code  
 Glastonbury CT 06033-5040

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
ACCOUNTING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 6 / 2 0 0 6

Transaction ID: 20061120-365-15-28

Amount of Each Receipt this Period

15.00

**B.** Full Name (Last, First, Middle Initial)

Carla C Mangiafico

Mailing Address 47 Kelsey Lane

City State Zip Code  
 Glastonbury CT 06033-5040

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
ACCOUNTING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-368-15-29

Amount of Each Receipt this Period

15.00

**C.** Full Name (Last, First, Middle Initial)

David Mannis

Mailing Address 5 Meade Lane

City State Zip Code  
 Chappaqua NY 10514-1208

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
GOVERNMENT AFFAIRS DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 6 / 2 0 0 6

Transaction ID: 20061120-2503-15-28

Amount of Each Receipt this Period

12.00

**SUBTOTAL** of Receipts This Page (optional) .....

42.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) David Mannis		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-2514-15-29
Mailing Address 5 Meade Lane		
City Chappaqua	State NY	Zip Code 10514-1208
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 12.00
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation GOVERNMENT AFFAIRS DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 276.00	

<b>B.</b> Full Name (Last, First, Middle Initial) John W Matheny		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-6445-15-28
Mailing Address 43 S Taylor Point Drive		
City the Woodlands	State TX	Zip Code 77382-1243
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 16.02
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation PROVIDER CONTRACTING DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.88	

<b>C.</b> Full Name (Last, First, Middle Initial) John W Matheny		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-6486-15-29
Mailing Address 43 S Taylor Point Drive		
City the Woodlands	State TX	Zip Code 77382-1243
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 16.02
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation PROVIDER CONTRACTING DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.88	

SUBTOTAL of Receipts This Page (optional) .....

44.04

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Susan A Matthews

Mailing Address PO Box 531

City

West Springfield

State

MA

Zip Code

01090-0531

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

BUSINESS PROJECT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 0 6

Transaction ID: 20061120-6239-15-28

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Susan A Matthews

Mailing Address PO Box 531

City

West Springfield

State

MA

Zip Code

01090-0531

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

BUSINESS PROJECT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-6280-15-29

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Susan G McClure

Mailing Address 221 Birchwood Drive

City

West Chester

State

PA

Zip Code

19380-7317

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIFE INS. CO. OF NORTH AM-  
ERICA

Occupation

HR DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 0 6

Transaction ID: 20061120-13508-15-28

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional) .....

30.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

A. Full Name (Last, First, Middle Initial)

Susan G McClure

Mailing Address 221 Birchwood Drive

City State Zip Code  
 West Chester PA 19380-7317

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIFE INS. CO. OF NORTH AM-  
ERICA

Occupation  
HR DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-13605-15-29

Amount of Each Receipt this Period

10.00

B. Full Name (Last, First, Middle Initial)

Wanda M McConico

Mailing Address 12230 Sherman Drive

City State Zip Code  
 Charlotte NC 28273-3856

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
SENIOR ACCOUNT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 6 / 2 0 0 6

Transaction ID: 20061120-5170-15-28

Amount of Each Receipt this Period

10.00

C. Full Name (Last, First, Middle Initial)

Wanda M McConico

Mailing Address 12230 Sherman Drive

City State Zip Code  
 Charlotte NC 28273-3856

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
SENIOR ACCOUNT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-5201-15-29

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional) .....

30.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) William McGean		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-12964-15-28
Mailing Address 10 Grosvenor Road		
City Waltham	State MA	Zip Code 02453-6821
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer LIFE INS. CO. OF NORTH AM-ERICA	Occupation CORPORATE REAL ESTATE MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00	

<b>B.</b> Full Name (Last, First, Middle Initial) William McGean		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-13057-15-29
Mailing Address 10 Grosvenor Road		
City Waltham	State MA	Zip Code 02453-6821
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer LIFE INS. CO. OF NORTH AM-ERICA	Occupation CORPORATE REAL ESTATE MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Sheila McGinley-Graziosi		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-1970-15-28
Mailing Address 32 Starview Drive		
City Glastonbury	State CT	Zip Code 06033-2818
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation MARKETING PRODUCT SR DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

**SUBTOTAL** of Receipts This Page (optional) .....

40.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

A. Full Name (Last, First, Middle Initial)  
Sheila McGinley-Graziosi

Mailing Address 32 Starview Drive

City State Zip Code  
 Glastonbury CT 06033-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
COOccupation  
MARKETING PRODUCT SR DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-1977-15-29

Amount of Each Receipt this Period

10.00

B. Full Name (Last, First, Middle Initial)  
Brian C McNeil

Mailing Address 1359 Shady Knoll Court

City State Zip Code  
 Longwood FL 32750-7152

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
COOccupation  
SENIOR ACCOUNT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 6 / 2 0 0 6

Transaction ID: 20061120-7215-15-28

Amount of Each Receipt this Period

10.00

C. Full Name (Last, First, Middle Initial)  
Brian C McNeil

Mailing Address 1359 Shady Knoll Court

City State Zip Code  
 Longwood FL 32750-7152

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
COOccupation  
SENIOR ACCOUNT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-7258-15-29

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional) .....

30.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mark J McPhail  
Mailing Address 4607 Mill Wood Drive

City State Zip Code  
Colleyville TX 76034-3693

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
SENIOR ACCOUNT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 0 6

Transaction ID: 20061120-8442-15-28

Amount of Each Receipt this Period

10.00

**B.** Full Name (Last, First, Middle Initial)  
Mark J McPhail  
Mailing Address 4607 Mill Wood Drive

City State Zip Code  
Colleyville TX 76034-3693

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
SENIOR ACCOUNT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-8493-15-29

Amount of Each Receipt this Period

10.00

**C.** Full Name (Last, First, Middle Initial)  
Steven G Mellas  
Mailing Address 20 Lexington Manor

City State Zip Code  
Glenmoore PA 19343-1900

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation  
COMPLIANCE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 0 6

Transaction ID: 20061120-2488-15-28

Amount of Each Receipt this Period

12.00

**SUBTOTAL** of Receipts This Page (optional) .....

32.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Steven G Mellas Mailing Address 20 Lexington Manor City State Zip Code Glenmoore PA 19343-1900 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CIGNA CORPORATION Occupation COMPLIANCE DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 276.00			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-2499-15-29 Amount of Each Receipt this Period 12.00
<b>B.</b> Full Name (Last, First, Middle Initial) Andrew J Mellen Mailing Address 620 N Heilbron Drive City State Zip Code Media PA 19063-4623 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer LIFE INS. CO. OF NORTH AMERICA Occupation VP GENERAL MANAGER, INTL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1530.00			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-2604-15-29 Amount of Each Receipt this Period 85.00
<b>C.</b> Full Name (Last, First, Middle Initial) Christophe L Miller Mailing Address 2530 Allegheny Drive City State Zip Code Chattanooga TN 37421-2032 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation CONTRACT SPECIALIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-8134-15-28 Amount of Each Receipt this Period 10.00

**SUBTOTAL** of Receipts This Page (optional) .....

107.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 155

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Christophe L Miller

Mailing Address 2530 Allegheny Drive

City State Zip Code  
Chattanooga TN 37421-2032

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
COOccupation  
CONTRACT SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	0	6

Transaction ID: 20061120-8183-15-29

Amount of Each Receipt this Period

10.00

**B.** Full Name (Last, First, Middle Initial)  
Ronald E Miller

Mailing Address 2683 Churchill Downs Circle

City State Zip Code  
Chattanooga TN 37421-1488

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
COOccupation  
CLAIMS MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	0	6

Transaction ID: 20061120-7839-15-28

Amount of Each Receipt this Period

10.00

**C.** Full Name (Last, First, Middle Initial)  
Ronald E Miller

Mailing Address 2683 Churchill Downs Circle

City State Zip Code  
Chattanooga TN 37421-1488

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
COOccupation  
CLAIMS MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	0	6

Transaction ID: 20061120-7884-15-29

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional) .....

30.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Morris D Mirabella Mailing Address 5820 Aventura Court City State Zip Code Tampa FL 33625-4111 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation SALES MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 345.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-10688-15-28 Amount of Each Receipt this Period 15.00
<b>B.</b> Full Name (Last, First, Middle Initial) Morris D Mirabella Mailing Address 5820 Aventura Court City State Zip Code Tampa FL 33625-4111 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation SALES MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 345.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-10755-15-29 Amount of Each Receipt this Period 15.00
<b>C.</b> Full Name (Last, First, Middle Initial) Kymberly P Miranda Mailing Address 5633 Northwest 88th Terrace City State Zip Code Coral Springs FL 33067-2862 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation ACCOUNT MANAGER-NATIONAL ACCTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 460.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-7028-15-28 Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional) .....

50.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Kymberly P Miranda

Mailing Address 5633 Northwest 88th Terrace

City State Zip Code  
Coral Springs FL 33067-2862

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
ACCOUNT MANAGER-NATIONAL ACCTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-7072-15-29

Amount of Each Receipt this Period

20.00

**B.** Full Name (Last, First, Middle Initial)  
Jodie K Mirfendereski

Mailing Address 104 Glenlivet Place

City State Zip Code  
Powell OH 43065-9699

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
PROJECT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.03

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 0 6

Transaction ID: 20061120-5979-15-28

Amount of Each Receipt this Period

9.40

**C.** Full Name (Last, First, Middle Initial)  
Jodie K Mirfendereski

Mailing Address 104 Glenlivet Place

City State Zip Code  
Powell OH 43065-9699

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
PROJECT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.03

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-6015-15-29

Amount of Each Receipt this Period

9.40

**SUBTOTAL** of Receipts This Page (optional) .....

38.80

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Melanie N Monchick		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-10235-15-28 Amount of Each Receipt this Period 10.00
Mailing Address 103 Loch Haven Lane City State Zip Code Cary NC 27511-8409 FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer INT'L REHAB. ASSOCIATES, INC. Occupation OPERATIONS DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.00

<b>B.</b> Full Name (Last, First, Middle Initial) Melanie N Monchick		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-10297-15-29 Amount of Each Receipt this Period 10.00
Mailing Address 103 Loch Haven Lane City State Zip Code Cary NC 27511-8409 FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer INT'L REHAB. ASSOCIATES, INC. Occupation OPERATIONS DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.00

<b>C.</b> Full Name (Last, First, Middle Initial) Kenneth W Munkel		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-3204-15-28 Amount of Each Receipt this Period 10.00
Mailing Address 11835 Wildwood Springs Drive City State Zip Code Roswell GA 30075-1842 FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer CT GENERAL LIFE INSURANCE CO Occupation SENIOR ACCOUNT MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Kenneth W Munkel Mailing Address 11835 Wildwood Springs Drive City Roswell State GA Zip Code 30075-1842 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation SENIOR ACCOUNT MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-3223-15-29 Amount of Each Receipt this Period 10.00
<b>B.</b> Full Name (Last, First, Middle Initial) John M Murabito Mailing Address 105 Mill View Lane City Newtown Square State PA Zip Code 19073-1428 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CIGNA CORPORATION Occupation EVP HUMAN RESOURCES & SERVICES Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2300.00		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-16966-15-28 Amount of Each Receipt this Period 100.00
<b>C.</b> Full Name (Last, First, Middle Initial) John M Murabito Mailing Address 105 Mill View Lane City Newtown Square State PA Zip Code 19073-1428 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CIGNA CORPORATION Occupation EVP HUMAN RESOURCES & SERVICES Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2300.00		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-17088-15-29 Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) .....

210.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 90 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) James L Nadler		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6
Mailing Address 143 N Shawnee Ridge Circle		<b>Transaction ID:</b> 20061120-6948-15-28
City State Zip Code Spring TX 77382-2557	Amount of Each Receipt this Period 11.02	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation MEDICAL SENIOR DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.19	

<b>B.</b> Full Name (Last, First, Middle Initial) James L Nadler		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address 143 N Shawnee Ridge Circle		<b>Transaction ID:</b> 20061120-6992-15-29
City State Zip Code Spring TX 77382-2557	Amount of Each Receipt this Period 11.02	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation MEDICAL SENIOR DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.19	

<b>C.</b> Full Name (Last, First, Middle Initial) Noreen Nageotte		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6
Mailing Address 28205 W Oviatt Road		<b>Transaction ID:</b> 20061120-11429-15-28
City State Zip Code Bay Village OH 44140-2110	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation PROVIDER CONTRACTING DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

**SUBTOTAL** of Receipts This Page (optional) .....

32.04

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 91 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Noreen Nageotte Mailing Address 28205 W Oviatt Road City Bay Village State OH Zip Code 44140-2110 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation PROVIDER CONTRACTING DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-11509-15-29 Amount of Each Receipt this Period 10.00
<b>B.</b> Full Name (Last, First, Middle Initial) Van A Nelmark Mailing Address 2120 Southwest 52nd Avenue City Plantation State FL Zip Code 33317-6050 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CIGNA DENTAL HEALTH OF FL, INC Occupation DENTIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-5776-15-28 Amount of Each Receipt this Period 10.00
<b>C.</b> Full Name (Last, First, Middle Initial) Van A Nelmark Mailing Address 2120 Southwest 52nd Avenue City Plantation State FL Zip Code 33317-6050 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CIGNA DENTAL HEALTH OF FL, INC Occupation DENTIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-5812-15-29 Amount of Each Receipt this Period 10.00

SUBTOTAL of Receipts This Page (optional) .....

30.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 92 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Michele Nelson Mailing Address 19 Blueberry Lane City East Hartford State CT Zip Code 06118-2007 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation BUSINESS PROJECT MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 460.00			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-12706-15-28 Amount of Each Receipt this Period 20.00
<b>B.</b> Full Name (Last, First, Middle Initial) Michele Nelson Mailing Address 19 Blueberry Lane City East Hartford State CT Zip Code 06118-2007 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation BUSINESS PROJECT MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 460.00			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-12797-15-29 Amount of Each Receipt this Period 20.00
<b>C.</b> Full Name (Last, First, Middle Initial) Daniel Nicoll Mailing Address 4 Bayview Drive City Plainview State NY Zip Code 11803-1534 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation MEDICAL SENIOR DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 579.09			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-2894-15-28 Amount of Each Receipt this Period 25.42

**SUBTOTAL** of Receipts This Page (optional) .....

65.42

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 93 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Daniel Nicoll		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address 4 Bayview Drive		<b>Transaction ID:</b> 20061120-2910-15-29
City Plainview	State NY	Zip Code 11803-1534
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.42
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation MEDICAL SENIOR DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 579.09	

<b>B.</b> Full Name (Last, First, Middle Initial) Jeffery L Novak		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6
Mailing Address 34 Sherman Drive		<b>Transaction ID:</b> 20061120-13239-15-28
City Malvern	State PA	Zip Code 19355-3185
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer CIGNA CORPORATION	Occupation VP CORPORATE SERVICES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1955.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Jeffery L Novak		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address 34 Sherman Drive		<b>Transaction ID:</b> 20061120-13335-15-29
City Malvern	State PA	Zip Code 19355-3185
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer CIGNA CORPORATION	Occupation VP CORPORATE SERVICES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1955.00	

**SUBTOTAL** of Receipts This Page (optional) .....

195.42

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 94 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Eliana Nunez Mailing Address 120 Ridge Crest Circle City State Zip Code Wethersfield CT 06109-4618 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation PROJECT MANAGEMENT DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 321.58		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-1681-15-28 Amount of Each Receipt this Period 14.20
<b>B.</b> Full Name (Last, First, Middle Initial) Eliana Nunez Mailing Address 120 Ridge Crest Circle City State Zip Code Wethersfield CT 06109-4618 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation PROJECT MANAGEMENT DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 321.58		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-1687-15-29 Amount of Each Receipt this Period 14.20
<b>C.</b> Full Name (Last, First, Middle Initial) Janice R Ogle Mailing Address 1449 S Granite Avenue City State Zip Code Ontario CA 91762-5540 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CIGNA HEALTHCARE OF CA, INC. Occupation OPERATIONS DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-10426-15-28 Amount of Each Receipt this Period 10.00

**SUBTOTAL** of Receipts This Page (optional) .....

38.40

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 95 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Janice R Ogle Mailing Address 1449 S Granite Avenue City State Zip Code Ontario CA 91762-5540 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CIGNA HEALTHCARE OF CA, INC. Occupation OPERATIONS DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-10490-15-29 Amount of Each Receipt this Period 10.00
<b>B.</b> Full Name (Last, First, Middle Initial) Katherine Overbye Mailing Address 995 Hopmeadow Street City State Zip Code Simsbury CT 06070-1812 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation UNDERWRITING SENIOR DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-1951-15-28 Amount of Each Receipt this Period 10.00
<b>C.</b> Full Name (Last, First, Middle Initial) Katherine Overbye Mailing Address 995 Hopmeadow Street City State Zip Code Simsbury CT 06070-1812 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation UNDERWRITING SENIOR DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-1958-15-29 Amount of Each Receipt this Period 10.00
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		30.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 96 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Charlene Parsons  
Mailing Address 1179 Colts Lane

City State Zip Code  
Yardley PA 19067-3964

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation  
VP TOTAL REWARDS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1955.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 0 6

Transaction ID: 20061120-17712-15-28

Amount of Each Receipt this Period

85.00

**B.** Full Name (Last, First, Middle Initial)  
Charlene Parsons  
Mailing Address 1179 Colts Lane

City State Zip Code  
Yardley PA 19067-3964

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation  
VP TOTAL REWARDS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1955.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-17843-15-29

Amount of Each Receipt this Period

85.00

**C.** Full Name (Last, First, Middle Initial)  
Mark A Parsons  
Mailing Address 15 Rexinger Lane

City State Zip Code  
Avon CT 06001-2340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
SVP REINSURANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 0 6

Transaction ID: 20061120-647-15-28

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

190.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 97 / 155

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Mark A Parsons Mailing Address 15 Rexinger Lane City Avon State CT Zip Code 06001-2340 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation SVP REINSURANCE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 460.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-650-15-29 Amount of Each Receipt this Period 20.00
<b>B.</b> Full Name (Last, First, Middle Initial) John R Perlstein Mailing Address 19 Clover Lane City Manchester State CT Zip Code 06040-6771 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CIGNA CORPORATION Occupation VP CHIEF COUNSEL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1955.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-2368-15-28 Amount of Each Receipt this Period 85.00
<b>C.</b> Full Name (Last, First, Middle Initial) John R Perlstein Mailing Address 19 Clover Lane City Manchester State CT Zip Code 06040-6771 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CIGNA CORPORATION Occupation VP CHIEF COUNSEL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1955.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-2378-15-29 Amount of Each Receipt this Period 85.00

**SUBTOTAL** of Receipts This Page (optional) .....

190.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 98 / 155

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Raymond H Perry Mailing Address 112 W Walnut Avenue City State Zip Code Moorestown NJ 08057-1808 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CIGNA CORPORATION Occupation BUDGET MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 236.62		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-3122-15-28 Amount of Each Receipt this Period 10.37
<b>B.</b> Full Name (Last, First, Middle Initial) Raymond H Perry Mailing Address 112 W Walnut Avenue City State Zip Code Moorestown NJ 08057-1808 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CIGNA CORPORATION Occupation BUDGET MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 236.62		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-3140-15-29 Amount of Each Receipt this Period 10.37
<b>C.</b> Full Name (Last, First, Middle Initial) Robert D Picinich Mailing Address 1096 Maple Hill Lane City State Zip Code Malvern PA 19355-2340 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation GENERAL MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-3051-15-28 Amount of Each Receipt this Period 10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.74

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Robert D Picinich  
Mailing Address 1096 Maple Hill Lane

City State Zip Code  
Malvern PA 19355-2340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
GENERAL MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-3068-15-29

Amount of Each Receipt this Period

10.00

**B.** Full Name (Last, First, Middle Initial)  
Clifford C Podewell  
Mailing Address 19814 N Desert Song Court

City State Zip Code  
Surprise AZ 85374-2034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA HEALTHCARE OF AZ,  
INC

Occupation  
ADULT MEDICINE PRACTITIONER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 0 6

Transaction ID: 20061120-6599-15-28

Amount of Each Receipt this Period

10.00

**C.** Full Name (Last, First, Middle Initial)  
Clifford C Podewell  
Mailing Address 19814 N Desert Song Court

City State Zip Code  
Surprise AZ 85374-2034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA HEALTHCARE OF AZ,  
INC

Occupation  
ADULT MEDICINE PRACTITIONER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-6641-15-29

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 100 / 155

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Glenn D Pomerantz Mailing Address 140 Hyde Road City State Zip Code West Hartford CT 06117-1620 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation MEDICAL SENIOR DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 460.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> <b>Transaction ID:</b> 20061120-13343-15-28 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">20.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	6	/	2	0	0	6	20.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	1	/	1	6	/	2	0	0	6																							
20.00																																
<b>B.</b> Full Name (Last, First, Middle Initial) Glenn D Pomerantz Mailing Address 140 Hyde Road City State Zip Code West Hartford CT 06117-1620 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation MEDICAL SENIOR DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 460.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> <b>Transaction ID:</b> 20061120-13439-15-29 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">20.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	2	/	2	0	0	6	20.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	1	/	0	2	/	2	0	0	6																							
20.00																																
<b>C.</b> Full Name (Last, First, Middle Initial) David M Porcello Mailing Address 24 Magnolia Drive City State Zip Code Suffield CT 06078-1549 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CIGNA CORPORATION Occupation VP TAX Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> <b>Transaction ID:</b> 20061120-1815-15-28 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">10.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	6	/	2	0	0	6	10.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	1	/	1	6	/	2	0	0	6																							
10.00																																

**SUBTOTAL** of Receipts This Page (optional) .....

50.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 101 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) David M Porcello		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address 24 Magnolia Drive		<b>Transaction ID:</b> 20061120-1821-15-29
City Suffield	State CT	Zip Code 06078-1549
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer CIGNA CORPORATION	Occupation VP TAX	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Michele A Powers		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6
Mailing Address 337 Magnolia Vale Drive		<b>Transaction ID:</b> 20061120-13832-15-28
City Chattanooga	State TN	Zip Code 37419-2164
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 9.62
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation CLAIMS SENIOR DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 221.26	

<b>C.</b> Full Name (Last, First, Middle Initial) Michele A Powers		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address 337 Magnolia Vale Drive		<b>Transaction ID:</b> 20061120-13932-15-29
City Chattanooga	State TN	Zip Code 37419-2164
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 9.62
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation CLAIMS SENIOR DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 221.26	

**SUBTOTAL** of Receipts This Page (optional) .....

29.24

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 102 / 155

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** John C Rademacher

Mailing Address 746 Calabria Lane

City	State	Zip Code
Ambler	PA	19002-1539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INT'L REHAB. ASSOCIATES,  
INC.Occupation  
OPERATIONS SENIOR DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	0	6

Transaction ID: 20061120-14780-15-28

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B.** John C Rademacher

Mailing Address 746 Calabria Lane

City	State	Zip Code
Ambler	PA	19002-1539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INT'L REHAB. ASSOCIATES,  
INC.Occupation  
OPERATIONS SENIOR DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	0	6

Transaction ID: 20061120-14888-15-29

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C.** John F Rausch

Mailing Address 14615 N 12th Street

City	State	Zip Code
Phoenix	AZ	85022-3810

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INT'L REHAB. ASSOCIATES,  
INC.Occupation  
MEDICAL DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.26

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	0	6

Transaction ID: 20061120-9384-15-28

Amount of Each Receipt this Period

9.62

SUBTOTAL of Receipts This Page (optional) .....

59.62

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 103 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. John F Rausch

Mailing Address 14615 N 12th Street

City State Zip Code  
 Phoenix AZ 85022-3810

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INT'L REHAB. ASSOCIATES,  
INC.

Occupation  
MEDICAL DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.26

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-9438-15-29

Amount of Each Receipt this Period

9.62

Full Name (Last, First, Middle Initial)

B. William J Reedy

Mailing Address 1539 E Hackamore Street

City State Zip Code  
 Mesa AZ 85203-3813

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA HEALTHCARE OF AZ,  
INC.

Occupation  
URGENT CARE PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 6 / 2 0 0 6

Transaction ID: 20061120-9151-15-28

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. William J Reedy

Mailing Address 1539 E Hackamore Street

City State Zip Code  
 Mesa AZ 85203-3813

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA HEALTHCARE OF AZ,  
INC.

Occupation  
URGENT CARE PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-9205-15-29

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) .....

49.62

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 104 / 155

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Brett A Reinholz

Mailing Address 21 West Street Apt. 4A

City State Zip Code  
New York NY 10006-2921

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
COOccupation  
FINANCIAL ANALYSIS DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.02

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	6		2	0	0	6

Transaction ID: 20061120-6276-15-28

Amount of Each Receipt this Period

8.74

**B.** Full Name (Last, First, Middle Initial)  
Jane L Renninger

Mailing Address 73 Tyler Court

City State Zip Code  
Avon CT 06001-3165

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
COOccupation  
COMPLIANCE MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	6		2	0	0	6

Transaction ID: 20061120-3663-15-28

Amount of Each Receipt this Period

12.24

**C.** Full Name (Last, First, Middle Initial)  
Jane L Renninger

Mailing Address 73 Tyler Court

City State Zip Code  
Avon CT 06001-3165

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
COOccupation  
COMPLIANCE MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	2		2	0	0	6

Transaction ID: 20061120-3686-15-29

Amount of Each Receipt this Period

12.24

SUBTOTAL of Receipts This Page (optional) .....

33.22

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 105 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas B Richards

Mailing Address 3 Scarborough Road

City State Zip Code  
 Simsbury CT 06070-1257

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
VP PRODUCT LEADER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 6 / 2 0 0 6

Transaction ID: 20061120-918-15-28

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Thomas B Richards

Mailing Address 3 Scarborough Road

City State Zip Code  
 Simsbury CT 06070-1257

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
VP PRODUCT LEADER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-922-15-29

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Nancy E Richmond

Mailing Address 503 Willow Hedge Court

City State Zip Code  
 Monroeville PA 15146-1242

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
OPERATIONS SENIOR DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 6 / 2 0 0 6

Transaction ID: 20061120-4547-15-28

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional) .....

60.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 106 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Nancy E Richmond  
Mailing Address 503 Willow Hedge Court

City State Zip Code  
Monroeville PA 15146-1242

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
OPERATIONS SENIOR DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-4575-15-29

Amount of Each Receipt this Period

10.00

**B.** Full Name (Last, First, Middle Initial)  
Catherine M Riley  
Mailing Address 1 Sand Dollar Drive

City State Zip Code  
Isle of Palms SC 29451-2648

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
PROJECT MANAGEMENT SR DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 0 6

Transaction ID: 20061120-3014-15-28

Amount of Each Receipt this Period

10.00

**C.** Full Name (Last, First, Middle Initial)  
Catherine M Riley  
Mailing Address 1 Sand Dollar Drive

City State Zip Code  
Isle of Palms SC 29451-2648

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
PROJECT MANAGEMENT SR DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-3031-15-29

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 107 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Sherry W Rodriguez

Mailing Address 292 W Parkwood Road

City State Zip Code  
Decatur GA 30030-2821

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
OPERATIONS DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 0 6

Transaction ID: 20061120-5900-15-28

Amount of Each Receipt this Period

10.00

**B.** Full Name (Last, First, Middle Initial)  
Sherry W Rodriguez

Mailing Address 292 W Parkwood Road

City State Zip Code  
Decatur GA 30030-2821

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
OPERATIONS DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-5935-15-29

Amount of Each Receipt this Period

10.00

**C.** Full Name (Last, First, Middle Initial)  
Michael G Rogers

Mailing Address 37 W Goshen Avenue

City State Zip Code  
Clovis CA 93611-7196

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
OPERATIONS DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.09

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 0 6

Transaction ID: 20061120-10103-15-28

Amount of Each Receipt this Period

13.65

**SUBTOTAL** of Receipts This Page (optional) .....

33.65

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 108 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Michael G Rogers  
Mailing Address 37 W Goshen Avenue

City State Zip Code  
Clovis CA 93611-7196

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
OPERATIONS DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.09

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-10165-15-29

Amount of Each Receipt this Period

13.65

**B.** Full Name (Last, First, Middle Initial)  
Karen S Rohan  
Mailing Address 13 Fisherdict Road

City State Zip Code  
Ware MA 01082-9775

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
PRESIDENT HEALTHCARE SUBSID

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 0 6

Transaction ID: 20061120-200-15-28

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)  
Karen S Rohan  
Mailing Address 13 Fisherdict Road

City State Zip Code  
Ware MA 01082-9775

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
PRESIDENT HEALTHCARE SUBSID

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-201-15-29

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

113.65

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 109 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

A. Full Name (Last, First, Middle Initial)

Michael J Ross

Mailing Address 147 Old Gulph Road

City State Zip Code  
 Wynnewood PA 19096-1016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIFE INS. CO. OF NORTH AM-  
ERICA

Occupation  
VP MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1955.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 6 / 2 0 0 6

Transaction ID: 20061120-15330-15-28

Amount of Each Receipt this Period

85.00

B. Full Name (Last, First, Middle Initial)

Michael J Ross

Mailing Address 147 Old Gulph Road

City State Zip Code  
 Wynnewood PA 19096-1016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIFE INS. CO. OF NORTH AM-  
ERICA

Occupation  
VP MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1955.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-15441-15-29

Amount of Each Receipt this Period

85.00

C. Full Name (Last, First, Middle Initial)

Rosanne T Rosty

Mailing Address PO Box 8365

City State Zip Code  
 Saddle Brook NJ 07663-8365

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
TRAINING SENIOR SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.55

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 6 / 2 0 0 6

Transaction ID: 20061120-13212-15-28

Amount of Each Receipt this Period

8.85

SUBTOTAL of Receipts This Page (optional) .....

178.85

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 110 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Jonathan N Rubin  
Mailing Address 108 W Mountain Road

City State Zip Code  
West Simsbury CT 06092-2530

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
SVP BFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1530.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-1638-15-29

Amount of Each Receipt this Period

85.00

**B.** Full Name (Last, First, Middle Initial)  
Rolando G Ruiz  
Mailing Address 11590 E Cavedale Drive

City State Zip Code  
Scottsdale AZ 85262-8011

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
MEDICAL SENIOR DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.52

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 6

Transaction ID: 20061120-928-15-28

Amount of Each Receipt this Period

19.24

**C.** Full Name (Last, First, Middle Initial)  
Rolando G Ruiz  
Mailing Address 11590 E Cavedale Drive

City State Zip Code  
Scottsdale AZ 85262-8011

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
MEDICAL SENIOR DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.52

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-932-15-29

Amount of Each Receipt this Period

19.24

**SUBTOTAL** of Receipts This Page (optional) .....

123.48

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 111 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jean C Rush

Mailing Address 73 Cidermill Heights

City State Zip Code  
 North Granby CT 06060-1428

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
OPERATIONS SENIOR DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 6 / 2 0 0 6

Transaction ID: 20061120-333-15-28

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Jean C Rush

Mailing Address 73 Cidermill Heights

City State Zip Code  
 North Granby CT 06060-1428

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
OPERATIONS SENIOR DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-336-15-29

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. David A Russell

Mailing Address 48 Winterset Lane

City State Zip Code  
 Simsbury CT 06070-1739

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation  
ACTUARIAL SENIOR DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 6 / 2 0 0 6

Transaction ID: 20061120-2709-15-28

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional) .....

30.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 112 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) David A Russell		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address 48 Winterset Lane		<b>Transaction ID:</b> 20061120-2721-15-29
City Simsbury	State CT	Zip Code 06070-1739
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer CIGNA CORPORATION	Occupation ACTUARIAL SENIOR DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Thomas M Sakorafis		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6
Mailing Address 1009 Glenhill Drive		<b>Transaction ID:</b> 20061120-6941-15-28
City Northville	State MI	Zip Code 48167-1069
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation ACCOUNT MANAGER-NATIONAL ACCTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Thomas M Sakorafis		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address 1009 Glenhill Drive		<b>Transaction ID:</b> 20061120-6985-15-29
City Northville	State MI	Zip Code 48167-1069
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation ACCOUNT MANAGER-NATIONAL ACCTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 113 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.** Full Name (Last, First, Middle Initial)

Richard B Salmon

Mailing Address 5 Hawks Ridge

City State Zip Code  
 Avon CT 06001-4417

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
NATIONAL MEDICAL SR DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 6 / 2 0 0 6

Transaction ID: 20061120-2739-15-28

Amount of Each Receipt this Period

30.00

**B.** Full Name (Last, First, Middle Initial)

Richard B Salmon

Mailing Address 5 Hawks Ridge

City State Zip Code  
 Avon CT 06001-4417

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
NATIONAL MEDICAL SR DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-2752-15-29

Amount of Each Receipt this Period

30.00

**C.** Full Name (Last, First, Middle Initial)

David N Sasportas

Mailing Address 125 Wadhams Road

City State Zip Code  
 Bloomfield CT 06002-1250

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
APP DEVELOPMENT DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 6 / 2 0 0 6

Transaction ID: 20061120-565-15-28

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

80.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 114 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) David N Sasportas Mailing Address 125 Wadhams Road City Bloomfield State CT Zip Code 06002-1250 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation APP DEVELOPMENT DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 460.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-568-15-29 Amount of Each Receipt this Period 20.00
<b>B.</b> Full Name (Last, First, Middle Initial) Frank Sataline Mailing Address 18 Wyndham Lane City Farmington State CT Zip Code 06032-2758 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation REAL ESTATE SR MANAGING DIR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1260.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-651-15-29 Amount of Each Receipt this Period 70.00
<b>C.</b> Full Name (Last, First, Middle Initial) David A Savino Mailing Address 91 Trumbull Lane City South Windsor State CT Zip Code 06074-2369 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CIGNA CORPORATION Occupation AUDIT DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-861-15-28 Amount of Each Receipt this Period 10.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 115 / 155

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) David A Savino Mailing Address 91 Trumbull Lane City South Windsor State CT Zip Code 06074-2369 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CIGNA CORPORATION Occupation AUDIT DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-865-15-29 Amount of Each Receipt this Period 10.00
<b>B.</b> Full Name (Last, First, Middle Initial) Susan A Schebell Mailing Address 1718 Westbury Ridge Drive City Midlothian State VA Zip Code 23114-5148 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation ACCOUNT MANAGER-NATIONAL ACCTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 642.20			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-2624-15-28 Amount of Each Receipt this Period 9.62
<b>C.</b> Full Name (Last, First, Middle Initial) Susan A Schebell Mailing Address 1718 Westbury Ridge Drive City Midlothian State VA Zip Code 23114-5148 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation ACCOUNT MANAGER-NATIONAL ACCTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 642.20			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-2637-15-29 Amount of Each Receipt this Period 9.62
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶			29.24
<b>TOTAL</b> This Period (last page this line number only) ..... ▶			

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 116 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) David S Scheibe Mailing Address 257 Linden Street City State Zip Code Moorestown NJ 08057-3622 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer LIFE INS. CO. OF NORTH AMERICA Occupation TREASURY SENIOR DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 460.00			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-1919-15-28 Amount of Each Receipt this Period 20.00
<b>B.</b> Full Name (Last, First, Middle Initial) David S Scheibe Mailing Address 257 Linden Street City State Zip Code Moorestown NJ 08057-3622 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer LIFE INS. CO. OF NORTH AMERICA Occupation TREASURY SENIOR DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 460.00			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-1926-15-29 Amount of Each Receipt this Period 20.00
<b>C.</b> Full Name (Last, First, Middle Initial) Scott D Schneider Mailing Address 34 Burning Tree City State Zip Code Glastonbury CT 06033-1496 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation ACTUARIAL SENIOR DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 218.50			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-6304-15-28 Amount of Each Receipt this Period 9.50

**SUBTOTAL** of Receipts This Page (optional) .....

49.50

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 117 / 155

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Scott D Schneider

Mailing Address 34 Burning Tree

City	State	Zip Code
Glastonbury	CT	06033-1496

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
COOccupation  
ACTUARIAL SENIOR DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	0	6

Transaction ID: 20061120-6345-15-29

Amount of Each Receipt this Period

9.50

**B.** Full Name (Last, First, Middle Initial)  
Mordecai Schwartz

Mailing Address 717 Haviland Drive

City	State	Zip Code
Bryn Mawr	PA	19010-1151

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATIONOccupation  
SVP TREASURY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	0	6

Transaction ID: 20061120-8350-15-29

Amount of Each Receipt this Period

30.00

**C.** Full Name (Last, First, Middle Initial)  
Brian D Setzer

Mailing Address 117 Wentworth Avenue

City	State	Zip Code
Nashville	TN	37215-2229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
COOccupation  
MARKET RESEARCH DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.26

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	0	6

Transaction ID: 20061120-7851-15-28

Amount of Each Receipt this Period

9.62

**SUBTOTAL** of Receipts This Page (optional) .....

49.12

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 118 / 155

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Brian D Setzer Mailing Address 117 Wentworth Avenue City State Zip Code Nashville TN 37215-2229 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation MARKET RESEARCH DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 221.26		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-7897-15-29 Amount of Each Receipt this Period 9.62
<b>B.</b> Full Name (Last, First, Middle Initial) John A Shaw Mailing Address 18 Powder Horn Drive City State Zip Code Simsbury CT 06070-1712 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation INVESTMENT MANAGING DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-1279-15-28 Amount of Each Receipt this Period 10.00
<b>C.</b> Full Name (Last, First, Middle Initial) John A Shaw Mailing Address 18 Powder Horn Drive City State Zip Code Simsbury CT 06070-1712 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation INVESTMENT MANAGING DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-1283-15-29 Amount of Each Receipt this Period 10.00

**SUBTOTAL** of Receipts This Page (optional) .....

29.62

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 119 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. J. L Shearer

Mailing Address PO Box 189  
44 Matthew Drive

City State Zip Code  
Auburn NH 03032-0189

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
BUSINESS COMM MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.25

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 0 6

Transaction ID: 20061120-12999-15-28

Amount of Each Receipt this Period

8.75

Full Name (Last, First, Middle Initial)

B. Stephen J Sherry

Mailing Address 597 Cheese Spring Road

City State Zip Code  
New Canaan CT 06840-2917

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
SALES MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

629.27

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 0 6

Transaction ID: 20061120-2466-15-28

Amount of Each Receipt this Period

18.64

Full Name (Last, First, Middle Initial)

C. Stephen J Sherry

Mailing Address 597 Cheese Spring Road

City State Zip Code  
New Canaan CT 06840-2917

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
SALES MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

629.27

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-2477-15-29

Amount of Each Receipt this Period

17.76

SUBTOTAL of Receipts This Page (optional) .....

45.15

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 120 / 155

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Michael D Slice Mailing Address 19422 N 73rd Avenue City Glendale State AZ Zip Code 85308-5678 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CIGNA HEALTHCARE OF AZ, INC Occupation OPERATIONS DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 221.26		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 20061120-5513-15-28 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">9.62</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	6	/	2	0	0	6	9.62									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	1	/	1	6	/	2	0	0	6																							
9.62																																
<b>B.</b> Full Name (Last, First, Middle Initial) Michael D Slice Mailing Address 19422 N 73rd Avenue City Glendale State AZ Zip Code 85308-5678 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CIGNA HEALTHCARE OF AZ, INC Occupation OPERATIONS DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 221.26		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 20061120-5547-15-29 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">9.62</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	2	/	2	0	0	6	9.62									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	1	/	0	2	/	2	0	0	6																							
9.62																																
<b>C.</b> Full Name (Last, First, Middle Initial) Charles E Smith Mailing Address 30 White Pine Lane City West Hartford State CT Zip Code 06107-1321 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation NATIONAL MEDICAL SR DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 690.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 20061120-8588-15-28 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">30.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	6	/	2	0	0	6	30.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	1	/	1	6	/	2	0	0	6																							
30.00																																

SUBTOTAL of Receipts This Page (optional) .....

49.24

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 121 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Charles E Smith  
Mailing Address 30 White Pine Lane

City State Zip Code  
West Hartford CT 06107-1321

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
NATIONAL MEDICAL SR DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-8639-15-29

Amount of Each Receipt this Period

30.00

**B.** Full Name (Last, First, Middle Initial)  
Donald R Spelhaug  
Mailing Address 5710 W Arrowhead Lakes Drive

City State Zip Code  
Glendale AZ 85308-6217

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA HEALTHCARE OF AZ,  
INC

Occupation  
ADULT MEDICINE PRACTITIONER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 0 6

Transaction ID: 20061120-9227-15-28

Amount of Each Receipt this Period

20.00

**C.** Full Name (Last, First, Middle Initial)  
Donald R Spelhaug  
Mailing Address 5710 W Arrowhead Lakes Drive

City State Zip Code  
Glendale AZ 85308-6217

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA HEALTHCARE OF AZ,  
INC

Occupation  
ADULT MEDICINE PRACTITIONER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-9281-15-29

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

70.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 122 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Otha T Spriggs		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6
Mailing Address 66 Cedar Hill Lane		<b>Transaction ID:</b> 20061120-13550-15-28
City Media	State PA	Zip Code 19063-6311
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer LIFE INS. CO. OF NORTH AMERICA	Occupation VP HUMAN RESOURCES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1955.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Otha T Spriggs		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address 66 Cedar Hill Lane		<b>Transaction ID:</b> 20061120-13648-15-29
City Media	State PA	Zip Code 19063-6311
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer LIFE INS. CO. OF NORTH AMERICA	Occupation VP HUMAN RESOURCES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1955.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Jennifer Stepp		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6
Mailing Address 5833 Carrollton Avenue		<b>Transaction ID:</b> 20061120-6212-15-28
City Indianapolis	State IN	Zip Code 46220-2617
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 22.46
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation SENIOR ACCOUNT MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 737.68	

**SUBTOTAL** of Receipts This Page (optional) .....

192.46

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 123 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jennifer Stepp

Mailing Address 5833 Carrollton Avenue

City State Zip Code  
 Indianapolis IN 46220-2617

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
SENIOR ACCOUNT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

737.68

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-6253-15-29

Amount of Each Receipt this Period

8.88

**B.**

Full Name (Last, First, Middle Initial)

Cathrin Stickney

Mailing Address 69 W 9th Street  
 Apt. 5G

City State Zip Code  
 New York NY 10011-8977

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
SEGMENT MARKETING SR DIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

414.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 6 / 2 0 0 6

Transaction ID: 20061120-11634-15-28

Amount of Each Receipt this Period

18.00

**C.**

Full Name (Last, First, Middle Initial)

Cathrin Stickney

Mailing Address 69 W 9th Street  
 Apt. 5G

City State Zip Code  
 New York NY 10011-8977

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
SEGMENT MARKETING SR DIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

414.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-11716-15-29

Amount of Each Receipt this Period

18.00

**SUBTOTAL** of Receipts This Page (optional) .....

44.88

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 124 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Mark D Still Mailing Address 350 Hillside Street City Yarmouth State ME Zip Code 04096-8379 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation PROVIDER CONTRACTING MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-296-15-28 Amount of Each Receipt this Period 10.00
<b>B.</b> Full Name (Last, First, Middle Initial) Mark D Still Mailing Address 350 Hillside Street City Yarmouth State ME Zip Code 04096-8379 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation PROVIDER CONTRACTING MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-297-15-29 Amount of Each Receipt this Period 10.00
<b>C.</b> Full Name (Last, First, Middle Initial) Scott Storrer Mailing Address 100 Wells Street Apt. 906 City Hartford State CT Zip Code 06103-2923 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation SVP SERVICE OPS AND IT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1955.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-13330-15-28 Amount of Each Receipt this Period 85.00

**SUBTOTAL** of Receipts This Page (optional) .....

105.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 125 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Scott Storrer

Mailing Address 100 Wells Street Apt. 906

City State Zip Code  
Hartford CT 06103-2923

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
SVP SERVICE OPS AND IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1955.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-13426-15-29

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

B. Daniel M Sullivan

Mailing Address 108 Governors Way

City State Zip Code  
Brentwood TN 37027-8932

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
OPERATIONS SENIOR DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 0 6

Transaction ID: 20061120-2215-15-28

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. Daniel M Sullivan

Mailing Address 108 Governors Way

City State Zip Code  
Brentwood TN 37027-8932

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
OPERATIONS SENIOR DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-2225-15-29

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional) .....

115.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 126 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.** Full Name (Last, First, Middle Initial)

Mark S Swayne

Mailing Address 43 Seminary Road

City State Zip Code  
 Simsbury CT 06070-2026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation  
MARKETING COMM MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.40

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 6 / 2 0 0 6

Transaction ID: 20061120-2135-15-28

Amount of Each Receipt this Period

8.80

**B.** Full Name (Last, First, Middle Initial)

Shelly Swinford

Mailing Address 5 Pinnacle Mountain Road

City State Zip Code  
 Simsbury CT 06070-1808

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
BUSINESS PROJECT DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

338.85

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 6 / 2 0 0 6

Transaction ID: 20061120-6180-15-28

Amount of Each Receipt this Period

14.86

**C.** Full Name (Last, First, Middle Initial)

Shelly Swinford

Mailing Address 5 Pinnacle Mountain Road

City State Zip Code  
 Simsbury CT 06070-1808

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
BUSINESS PROJECT DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

338.85

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-6221-15-29

Amount of Each Receipt this Period

14.86

**SUBTOTAL** of Receipts This Page (optional) .....

38.52

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 127 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.** Full Name (Last, First, Middle Initial)

Jan C Sykes

Mailing Address PO Box 32414

City State Zip Code  
 Phoenix AZ 85064-2414

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CIGNA HEALTHCARE OF AZ,  
INC

Occupation  
OPERATIONS MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 6 / 2 0 0 6

Transaction ID: 20061120-13559-15-28

Amount of Each Receipt this Period

10.00

**B.** Full Name (Last, First, Middle Initial)

Jan C Sykes

Mailing Address PO Box 32414

City State Zip Code  
 Phoenix AZ 85064-2414

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CIGNA HEALTHCARE OF AZ,  
INC

Occupation  
OPERATIONS MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-13657-15-29

Amount of Each Receipt this Period

10.00

**C.** Full Name (Last, First, Middle Initial)

Rene E Taura

Mailing Address 2925 Misty Hill Lane # C

City State Zip Code  
 Charlotte NC 28270-1100

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
CUSTOMER SERVICE MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.68

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 6 / 2 0 0 6

Transaction ID: 20061120-10606-15-28

Amount of Each Receipt this Period

10.91

**SUBTOTAL** of Receipts This Page (optional) .....

30.91

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 128 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Rene E Taura		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-10671-15-29 Amount of Each Receipt this Period 10.91
Mailing Address 2925 Misty Hill Lane # C City State Zip Code Charlotte NC 28270-1100 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation CUSTOMER SERVICE MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 246.68		

<b>B.</b> Full Name (Last, First, Middle Initial) Taghi Tavassoli		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-7078-15-28 Amount of Each Receipt this Period 10.00
Mailing Address 5839 E Sanna Street City State Zip Code Paradise Valley AZ 85253-1763 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CIGNA HEALTHCARE OF AZ, INC Occupation UROLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Taghi Tavassoli		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-7122-15-29 Amount of Each Receipt this Period 10.00
Mailing Address 5839 E Sanna Street City State Zip Code Paradise Valley AZ 85253-1763 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CIGNA HEALTHCARE OF AZ, INC Occupation UROLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00		

**SUBTOTAL** of Receipts This Page (optional) .....

30.91

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 129 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) William A Taylor Mailing Address 26 Westmoreland Drive City State Zip Code West Hartford CT 06117-2656 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation INVESTMENT MANAGING DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-1102-15-28 Amount of Each Receipt this Period 10.00
<b>B.</b> Full Name (Last, First, Middle Initial) William A Taylor Mailing Address 26 Westmoreland Drive City State Zip Code West Hartford CT 06117-2656 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation INVESTMENT MANAGING DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-1105-15-29 Amount of Each Receipt this Period 10.00
<b>C.</b> Full Name (Last, First, Middle Initial) Jeff S Terrill Mailing Address 9556 E Cortez Street City State Zip Code Scottsdale AZ 85260-5866 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation GENERAL MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 460.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-12465-15-28 Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional) .....

40.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 130 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Jeff S Terrill		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-12554-15-29 Amount of Each Receipt this Period 20.00
Mailing Address 9556 E Cortez Street City State Zip Code Scottsdale AZ 85260-5866 FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer CT GENERAL LIFE INSURANCE CO Occupation GENERAL MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 460.00

<b>B.</b> Full Name (Last, First, Middle Initial) Jeffrey Thackeray		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-281-15-28 Amount of Each Receipt this Period 11.25
Mailing Address 317 Derby Lane City State Zip Code Franklin TN 37069-4516 FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer CT GENERAL LIFE INSURANCE CO Occupation UNDERWRITING SENIOR DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 256.91

<b>C.</b> Full Name (Last, First, Middle Initial) Jeffrey Thackeray		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-282-15-29 Amount of Each Receipt this Period 11.25
Mailing Address 317 Derby Lane City State Zip Code Franklin TN 37069-4516 FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer CT GENERAL LIFE INSURANCE CO Occupation UNDERWRITING SENIOR DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 256.91

**SUBTOTAL** of Receipts This Page (optional) .....

42.50

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 131 / 155

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) James. P Thompson Mailing Address 55 Reservoir Road City Farmington State CT Zip Code 06032-2400 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation FINANCIAL ANALYSIS DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-2711-15-28 Amount of Each Receipt this Period 10.00
<b>B.</b> Full Name (Last, First, Middle Initial) James. P Thompson Mailing Address 55 Reservoir Road City Farmington State CT Zip Code 06032-2400 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation FINANCIAL ANALYSIS DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-2723-15-29 Amount of Each Receipt this Period 10.00
<b>C.</b> Full Name (Last, First, Middle Initial) Nancy E Tucker Mailing Address 522 E Commerce Street City Milford State MI Zip Code 48381-1720 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation SENIOR ACCOUNT MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 445.72		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-7005-15-28 Amount of Each Receipt this Period 79.03

**SUBTOTAL** of Receipts This Page (optional) .....**99.03****TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 132 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Nancy E Tucker  
Mailing Address 522 E Commerce Street

City State Zip Code  
Milford MI 48381-1720

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
SENIOR ACCOUNT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.72

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-7049-15-29

Amount of Each Receipt this Period

5.89

**B.** Full Name (Last, First, Middle Initial)  
Amy J Turkington  
Mailing Address 2253 Garden Drive

City State Zip Code  
Avon OH 44011-2608

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
COMMUNICATIONS DIRECTOR I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 6

Transaction ID: 20061120-5879-15-28

Amount of Each Receipt this Period

10.00

**C.** Full Name (Last, First, Middle Initial)  
Amy J Turkington  
Mailing Address 2253 Garden Drive

City State Zip Code  
Avon OH 44011-2608

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
COMMUNICATIONS DIRECTOR I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-5914-15-29

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

25.89

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 133 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.** Full Name (Last, First, Middle Initial)

Katharine L Wade

Mailing Address PO Box 241

City State Zip Code  
 Simsbury CT 06070-0241

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CIGNA CORPORATION

Occupation  
GOVERNMENT AFFAIRS DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 6 / 2 0 0 6

Transaction ID: 20061120-995-15-28

Amount of Each Receipt this Period

15.00

**B.** Full Name (Last, First, Middle Initial)

Katharine L Wade

Mailing Address PO Box 241

City State Zip Code  
 Simsbury CT 06070-0241

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CIGNA CORPORATION

Occupation  
GOVERNMENT AFFAIRS DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-998-15-29

Amount of Each Receipt this Period

15.00

**C.** Full Name (Last, First, Middle Initial)

Joseph Wankel

Mailing Address 514 Mount Vernon Road

City State Zip Code  
 Plantsville CT 06479-1228

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
PROVIDER CONTRACTING MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.30

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 6 / 2 0 0 6

Transaction ID: 20061120-13723-15-28

Amount of Each Receipt this Period

10.10

**SUBTOTAL** of Receipts This Page (optional) .....

40.10

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 134 / 155

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Joseph Wankerl Mailing Address 514 Mount Vernon Road City Plantsville State CT Zip Code 06479-1228 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation PROVIDER CONTRACTING MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 232.30		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 20061120-13822-15-29 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">10.10</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	2	/	2	0	0	6	10.10									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	1	/	0	2	/	2	0	0	6																							
10.10																																
<b>B.</b> Full Name (Last, First, Middle Initial) Scott D Watson Mailing Address 1813 Shadywood Court City Chesterfield State MO Zip Code 63017-5440 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer LIFE INS. CO. OF NORTH AMERICA Occupation ACCOUNT MANAGER-NATIONAL ACCTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 611.15		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 20061120-6753-15-28 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">15.39</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	6	/	2	0	0	6	15.39									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	1	/	1	6	/	2	0	0	6																							
15.39																																
<b>C.</b> Full Name (Last, First, Middle Initial) Scott D Watson Mailing Address 1813 Shadywood Court City Chesterfield State MO Zip Code 63017-5440 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer LIFE INS. CO. OF NORTH AMERICA Occupation ACCOUNT MANAGER-NATIONAL ACCTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 611.15		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 20061120-6795-15-29 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">15.38</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	2	/	2	0	0	6	15.38									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	1	/	0	2	/	2	0	0	6																							
15.38																																
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		<table border="1"> <tr> <td colspan="10">40.87</td> </tr> </table>	40.87																													
40.87																																
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																														

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 135 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Brian Wells Mailing Address PO Box 214 389B Merrymeeting Lake Road City State Zip Code New Durham NH 03855-0214 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer INT'L REHAB. ASSOCIATES, INC. Occupation MEDICAL PROGRAM SR DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 460.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-40-15-28 Amount of Each Receipt this Period 20.00
<b>B.</b> Full Name (Last, First, Middle Initial) Brian Wells Mailing Address PO Box 214 389B Merrymeeting Lake Road City State Zip Code New Durham NH 03855-0214 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer INT'L REHAB. ASSOCIATES, INC. Occupation MEDICAL PROGRAM SR DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 460.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-40-15-29 Amount of Each Receipt this Period 20.00
<b>C.</b> Full Name (Last, First, Middle Initial) Richard M White Mailing Address 68 Longwood Drive City State Zip Code Portland ME 04102-1524 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation PROVIDER CONTRACTING DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 460.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-2705-15-28 Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 136 / 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Richard M White Mailing Address 68 Longwood Drive City Portland State ME Zip Code 04102-1524 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation PROVIDER CONTRACTING DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 460.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-2717-15-29 Amount of Each Receipt this Period 20.00
<b>B.</b> Full Name (Last, First, Middle Initial) Wallace W White Mailing Address 150 Horizon Lane City Glastonbury State CT Zip Code 06033-2856 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation ACCOUNTING MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-1114-15-28 Amount of Each Receipt this Period 10.00
<b>C.</b> Full Name (Last, First, Middle Initial) Wallace W White Mailing Address 150 Horizon Lane City Glastonbury State CT Zip Code 06033-2856 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation ACCOUNTING MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-1117-15-29 Amount of Each Receipt this Period 10.00

**SUBTOTAL** of Receipts This Page (optional) .....

40.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 137 / 155

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Rebekah C Whitehouse Mailing Address 2640 W Tulsa Street City Chandler State AZ Zip Code 85224-4174 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation MARKETING COMM SENIOR DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 460.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-13461-15-28 Amount of Each Receipt this Period 20.00
<b>B.</b> Full Name (Last, First, Middle Initial) Rebekah C Whitehouse Mailing Address 2640 W Tulsa Street City Chandler State AZ Zip Code 85224-4174 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation MARKETING COMM SENIOR DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 460.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-13558-15-29 Amount of Each Receipt this Period 20.00
<b>C.</b> Full Name (Last, First, Middle Initial) Jo A Winters-Burdek Mailing Address 240 Sand Key Estates Drive Apt. 78 City Clearwater State FL Zip Code 33767-2932 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation SERVICE SPECIALIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 207.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-6205-15-28 Amount of Each Receipt this Period 9.00

**SUBTOTAL** of Receipts This Page (optional) .....

49.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Martha M Wood		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-3566-15-28
Mailing Address 1403 Delaware Avenue Apt. 1		
City	State	Zip Code
Wilmington	DE	19806-3058
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 10.00
Name of Employer LIFE INS. CO. OF NORTH AMERICA		
Occupation BUSINESS PROJECT MANAGER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.00

<b>B.</b> Full Name (Last, First, Middle Initial) Martha M Wood		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-3588-15-29
Mailing Address 1403 Delaware Avenue Apt. 1		
City	State	Zip Code
Wilmington	DE	19806-3058
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 10.00
Name of Employer LIFE INS. CO. OF NORTH AMERICA		
Occupation BUSINESS PROJECT MANAGER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.00

<b>C.</b> Full Name (Last, First, Middle Initial) Allen R Woolf		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-1611-15-29
Mailing Address 422 Witley Road		
City	State	Zip Code
Wynnewood	PA	19096-2425
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 25.00
Name of Employer CT GENERAL LIFE INSURANCE CO		
Occupation VP NATIONAL MEDICAL OFFICER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00

**SUBTOTAL** of Receipts This Page (optional) .....

45.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Cheryl L Wyatt Mailing Address 22868 N 55th Street City State Zip Code Phoenix AZ 85054-7171 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation OPERATIONS MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 345.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-6925-15-28 Amount of Each Receipt this Period 15.00
<b>B.</b> Full Name (Last, First, Middle Initial) Cheryl L Wyatt Mailing Address 22868 N 55th Street City State Zip Code Phoenix AZ 85054-7171 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation OPERATIONS MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 345.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 20061120-6968-15-29 Amount of Each Receipt this Period 15.00
<b>C.</b> Full Name (Last, First, Middle Initial) Bu Yang Mailing Address 121 High Wood Drive City State Zip Code South Glastonbury CT 06073-2908 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT GENERAL LIFE INSURANCE CO Occupation ARCHITECTURE DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 345.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 20061120-12417-15-28 Amount of Each Receipt this Period 15.00

**SUBTOTAL** of Receipts This Page (optional) .....

45.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Bu Yang			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6	
Mailing Address 121 High Wood Drive			<b>Transaction ID:</b> 20061120-12506-15-29	
City State Zip Code South Glastonbury CT 06073-2908			Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. C				
Name of Employer CT GENERAL LIFE INSURANCE CO		Occupation ARCHITECTURE DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 345.00		
<b>B.</b> Full Name (Last, First, Middle Initial) Robert J Youell			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6	
Mailing Address 21 Blood Road			<b>Transaction ID:</b> 20061120-11674-15-28	
City State Zip Code Andover MA 01810-4701			Amount of Each Receipt this Period 9.00	
FEC ID number of contributing federal political committee. C				
Name of Employer CT GENERAL LIFE INSURANCE CO		Occupation FINANCIAL ANALYSIS SR SPEC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 207.00		
<b>C.</b> Full Name (Last, First, Middle Initial) Michael J Young			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6	
Mailing Address 5 Frost Road			<b>Transaction ID:</b> 20061120-4313-15-28	
City State Zip Code Cinnaminson NJ 08077-4087			Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C				
Name of Employer LIFE INS. CO. OF NORTH AMERICA		Occupation FINANCIAL ANALYSIS DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.00		

**SUBTOTAL** of Receipts This Page (optional) .....

34.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Michael J Young

Mailing Address 5 Frost Road

City

Cinnaminson

State

NJ

Zip Code

08077-4087

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIFE INS. CO. OF NORTH AM-  
ERICA

Occupation

FINANCIAL ANALYSIS DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 0 6

Transaction ID: 20061120-4341-15-29

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

10.00

**TOTAL** This Period (last page this line number only) .....

7441.93

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 142 / 155

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.** Full Name (Last, First, Middle Initial)

Friends of Preston Bryant

Mailing Address PO Box 3589

City State Zip Code  
 Lynchburg VA 24503

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 4 / 2 0 0 6

Transaction ID: 8557020611156408163

Amount of Each Receipt this Period

250.00

Refund of 11/3/05 Contrib-  
ution

**B.** Full Name (Last, First, Middle Initial)

Vermont Senate Victory

Mailing Address PO Box 896

City State Zip Code  
 Montpelier VT 05601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 4 / 2 0 0 6

Transaction ID: 3899800611156416772

Amount of Each Receipt this Period

500.00

Refund of 9/19/05 Contrib-  
ution

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

750.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 143 / 155

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Bob Corker for Senate

Mailing Address 518 Georgia Avenue 2nd Floor

City Chatanooga State TN Zip Code 37403

Purpose of Disbursement  
2006 General

Candidate Name  
Corker Robert

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TN District: 00

Transaction ID: E1U4H1ZSA2V9G2

Date of Disbursement

11 / 02 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Citizens for Biden

Mailing Address PO Box 371

City Wilmington State DE Zip Code 19899

Purpose of Disbursement  
Uncashed 9/5/06 Contribution

Candidate Name  
Biden Joseph

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: DE District: 00

Transaction ID: 3468370611225390554

Date of Disbursement

11 / 22 / 2006

Amount of Each Disbursement this Period

-1000.00

Uncashed Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

0.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Brandon Creighton for Rep/Dist. 16

Mailing Address Post Office Box 33

City State Zip Code  
 Canroe TX 77305

Purpose of Disbursement  
 Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** E1U4H6QZB2V9G2

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** Committee to Elect Hugh Holliman

Mailing Address 102 Warrior Way

City State Zip Code  
 Lexington NC 27295

Purpose of Disbursement  
 Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** E1U4HTRVF2V9G2

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** Committee to Elect Jim Burke

Mailing Address 8821 North Seventy-thirty Place

City State Zip Code  
 Scottsdale AZ 85258

Purpose of Disbursement  
 Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 3521490611023881236

Date of Disbursement

/   /

Amount of Each Disbursement this Period

-296.00

Uncashed Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

204.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

## **A. Committee to Re-elect Becky Carney**

Mailing Address Post Office Box 32873

City State Zip Code  
Charlotte NC 28232

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: E1U4HUCZF2V9G6

Date of Disbursement

/   /

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

## **B. Committee to Re-Elect Marc Basnight**

Mailing Address 2007 Legislative Building

City State Zip Code  
Raleigh NC 27601

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: E1U4HWSNG2V9G3

Date of Disbursement

/   /

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

## **C. Committee to Re-elect Robert Grady**

Mailing Address 107 Jean Circle

City State Zip Code  
Jacksonville NC 28540

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: E1U4HS5EF2V9G4

Date of Disbursement

/   /

Amount of Each Disbursement this Period

150.00

**SUBTOTAL** of Disbursements This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

## **A. Committee to Re-Elect Tony Rand**

Mailing Address 121 Great Oaks

City  
Fayetteville

State  
NC

Zip Code  
28303

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: E1U4HXNTG2V9G0

Date of Disbursement

/   /

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

## **B. Doug Clark 2006**

Mailing Address 3434 West Anthem Way  
Suite 118-230

City  
Anthem

State  
AZ

Zip Code  
85086

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: E1EG9V39Z5VUPU1

Date of Disbursement

/   /

Amount of Each Disbursement this Period

296.00

Full Name (Last, First, Middle Initial)

## **C. Friends of Jerry Cooper**

Mailing Address Post Office Box 79

City  
Smartt

State  
TN

Zip Code  
37378

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 2763870611023874211

Date of Disbursement

/   /

Amount of Each Disbursement this Period

-500.00

Uncashed Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

96.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Friends of John McComish

Mailing Address 4463 East Desert View

City Phoenix State AZ Zip Code 85044

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2217620611023895117

Date of Disbursement

/   /

Amount of Each Disbursement this Period

-296.00

Uncashed Contribution

Full Name (Last, First, Middle Initial)

**B.** Friends of Kyle Janek-2006

Mailing Address 3405 Edloe  
Suite 380

City Houston State TX Zip Code 76702

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** E1U4H4QFB2V9G4

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Harold Brubaker for House

Mailing Address 215 Back Creek Church Road

City Asheboro State NC Zip Code 27203

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** E1U4HVREG2V9G1

Date of Disbursement

/   /

Amount of Each Disbursement this Period

150.00

**SUBTOTAL** of Disbursements This Page (optional) .....

854.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 148 / 155

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Kip Averitt Campaign

Mailing Address PO Box 20683

City  
Waco

State  
TX

Zip Code  
76702

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: E1U4H6DWB2V9G0

Date of Disbursement

11 / 02 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Lucy Allen for House

Mailing Address 312 N. Main Street

City  
Louisburg

State  
NC

Zip Code  
27549

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: E1U4HWAIG2V9G0

Date of Disbursement

11 / 02 / 2006

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

**C.** Margaret Dickson for House

Mailing Address 115 Dobbin Avenue

City  
Fayetteville

State  
NC

Zip Code  
28305

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: E1U4HT9RF2V9G4

Date of Disbursement

11 / 02 / 2006

Amount of Each Disbursement this Period

150.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 149 / 155

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Nancy Barto 2006

Mailing Address 3631 East Rockwood Drive

City Phoenix State AZ Zip Code 85050

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 9305970611023887750

Date of Disbursement

10 / 31 / 2006

Amount of Each Disbursement this Period

-296.00

Uncashed Contribution

Full Name (Last, First, Middle Initial)

**B.** Phil Berger for Senate

Mailing Address P.O. Box 1309

City Eden State NC Zip Code 27289-1309

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: E1U4HXZWG2V9G2

Date of Disbursement

11 / 02 / 2006

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

**C.** R.C. Soles for Senate

Mailing Address P.O. Box 6

City Tabor City State NC Zip Code 28463

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: E1U4HX5QG2V9G9

Date of Disbursement

11 / 02 / 2006

Amount of Each Disbursement this Period

300.00

**SUBTOTAL** of Disbursements This Page (optional) .....

304.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 150 / 155

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Representative Byron Cook

Mailing Address 2200 Arcady Lane

City Corsicana State TX Zip Code 75110

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: E1U4H3P5B2V9G6

Date of Disbursement

11 / 02 / 2006

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** Representative Carl Isett

Mailing Address Post Office Box 6337

City Lubbock State TX Zip Code 79493

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: E1U4HLMND2V9G7

Date of Disbursement

11 / 02 / 2006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** Representative Charlie Geren

Mailing Address Post Office Box 1440

City Fort Worth State TX Zip Code 76101

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: E1U4HM8TD2V9G8

Date of Disbursement

11 / 02 / 2006

Amount of Each Disbursement this Period

250.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

1000.00

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 151 / 155

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

## **A. Representative Dan Branch**

Mailing Address 2100 McKinney Avenue  
Suite 1501A

City Dallas State TX Zip Code 75201

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: E1U4HNB2E2V9G8

Date of Disbursement

11 / 02 / 2006

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Representative Dan Gattis**

Mailing Address Post Office Box 2856

City Georgetown State TX Zip Code 78627

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: E1U4H7TJC2V9G1

Date of Disbursement

11 / 02 / 2006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Representative Dwayne Bohac**

Mailing Address 9218 Rangely drive

City Houston State TX Zip Code 77055

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: E1U4HPWVE2V9G2

Date of Disbursement

11 / 02 / 2006

Amount of Each Disbursement this Period

250.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 152 / 155

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Representative Joe Driver

Mailing Address 201 South Glenbrook

City Garland State TX Zip Code 75040

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** E1U4HNX9E2V9G9

Date of Disbursement

11 / 02 / 2006

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** Representative John Davis

Mailing Address 14807 Tumbling Falls Court

City Houston State TX Zip Code 77062

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** E1U4HPANE2V9G4

Date of Disbursement

11 / 02 / 2006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** Representative Jose Menendez

Mailing Address Post Office Box 760115

City San Antonio State TX Zip Code 78245

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** E1U4HOOGE2V9G0

Date of Disbursement

11 / 02 / 2006

Amount of Each Disbursement this Period

250.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 153 / 155

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

## **A. Representative Ken Paxton**

Mailing Address 307 Scarlett Drive

City McKinney State TX Zip Code 75070

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: E1U4HKXFD2V9G3

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Representative Myra Crownover**

Mailing Address PO Box 535

City Lake Dallas State TX Zip Code 75065

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: E1U4HKB8D2V9G2

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Representative Sid Miller**

Mailing Address 6407 Highway 377

City Stephenville State TX Zip Code 76401

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: E1U4HJOWC2V9G5

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

**SUBTOTAL** of Disbursements This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 154 / 155

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Representative Will Hartnett

Mailing Address 4722 Walnut Hill Lane

City Dallas State TX Zip Code 75229

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: E1U4HQM2F2V9G2

Date of Disbursement

11 / 02 / 2006

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** Robert Duncan Campaign

Mailing Address PO Box 2309

City Lubbock State TX Zip Code 79408

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: E1U4H5URB2V9G9

Date of Disbursement

11 / 02 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Senator Jane Nelson

Mailing Address PO Box 608

City Grapevine State TX Zip Code 76099

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: E1U4H58JB2V9G3

Date of Disbursement

11 / 02 / 2006

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 155 / 155

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Thomas Wright for House

Mailing Address P.O. Box 1654

City  
Wilmington

State  
NC

Zip Code  
28402

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: E1U4HV78G2V9G6

Date of Disbursement

<sup>M</sup>  <sup>M</sup> /  <sup>D</sup>  <sup>D</sup> /  <sup>Y</sup>  <sup>Y</sup>  <sup>Y</sup>  <sup>Y</sup>

Amount of Each Disbursement this Period

250.00

**SUBTOTAL** of Disbursements This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

9608.00